



THE NEW YORK HOTEL TRADES COUNCIL  
**TRAINING & SCHOLARSHIP FUND**  
THE HOTEL ASSOCIATION OF NEW YORK CITY, INC.

43-47 37<sup>th</sup> Street • Long Island City, NY 11101 • (718) 361-5100, ext. 3600 • Fax (718) 361-8511 • www.HotelFunds.org

**2021 Scholarship Competition**  
**ELIGIBILITY INFORMATION FORM**

Today's Date \_\_\_\_\_

**CLUB**

**HOTEL**

**CASINO**

**CONCESSION**

**APPLICANT**

Male  Female

Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
mo/day/year

Social Security # xxx-xx- \_\_\_\_\_  
(Last 4 digits)

High school graduation date: \_\_\_\_\_ Are you attending college? \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN**

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Hotel/Concession/Club/Casino \_\_\_\_\_ Local Union \_\_\_\_\_

Social Security Number# xxx-xx- \_\_\_\_\_ Job Title \_\_\_\_\_  
(Last 4 digits)

Email this form to: [training-scholarship@hotelfunds.org](mailto:training-scholarship@hotelfunds.org)