



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

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2025 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

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