

Culinary or Hospitality \$1500 Scholarship – 2018 Application

TO THE STUDENT:

Materials must be received by March 1, 2018 and include the following:

1. Student's fully completed application.
2. Student's high school transcript.
3. One letter of recommendation from your teacher and/or counselor; or from an employer, if you have or have had one. Family members are ineligible.
4. A typed essay of between 250 - 500 words describing why you are applying for this scholarship, your affiliation with the hospitality industry, if any, and your career goals.

All materials submitted will be held in strict confidence and become the property of the Max Cares Foundation.

Please submit application to: Max Cares Foundation, Inc
C/O Ruben/Horan, P.C.
249 Pearl St, 3rd Floor
Hartford, CT 06103

ELIGIBILITY:

1. Student must be a senior in good standing and eligible for graduation the same year as the scholarship application.
2. Student is seeking to apply for admission to earn a secondary degree in Culinary Arts or Hospitality oriented programs. Culinary Arts students may be given first consideration.

USE OF SCHOLARSHIP:

1. May be used at any properly accredited college, university, or trade school providing training in Culinary and Hospitality fields.
2. Must be used within 12 months of this grant.
3. May be used to defray tuition, supplies, room or board. Max Cares Foundation reserves the right to pay the Institution directly.

This scholarship is provided for one-time use only. No continued scholarship support for the student is stated or implied. However, application may be submitted year by year as applicant sees fit.

SELECTION GUIDELINES:

The Foundation will give consideration to the following criteria in making a final selection:

1. Desire for career in Food Service Industry
2. Employment record and extra-curricular activities.
3. Need based on information obtained in the application and interview, if one held.
4. Scholastic record.

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Personal Information:

Application Date: _____
Last name: _____
First name: _____ MI: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Home phone: (____) _____ Cell phone: (____) _____ Email: _____

High School Information:

High School: _____
Address: _____
City: _____ State: _____ Zip: _____
Anticipated Graduation date: _____

Industry Experience:

Note: while not required, if any industry experience please list current or past employment or internship experiences and related dates.

Extracurricular Activities:

Additional Information:

If you have any other information that will help the committee to determine that you are a qualified candidate, please feel free to provide any additional information here.

I hereby certify that the information I have submitted is correct. I authorize release of this information to the scholarship committee and will provide additional information or verification upon request. If awarded the scholarship, I grant permission to the Max Cares Board to use the information included in this scholarship application for distribution in both printed and digital matter. I understand that I will not be compensated for the use of any information and that I may not be notified of each use.

Applicant Signature

Date