



ST. LOUIS AREA HOTEL ASSOCIATION

2023 SCHOLARSHIP APPLICATION

SECTION I: CONTACT INFORMATION

Name: _____

Complete Address/City/State/Zip: _____

Telephone: Home: _____ Work: _____

Email: _____ Cell: _____

SECTION II: ACADEMIC RECORDS

Name of high school attended or attending: _____

Date of graduation: _____

Name of school(s) attended or attending: _____

List any academic honors you received in high school or college, offices you held, and extracurricular activities in which you participated at school and/or in the community: _____

SECTION III: WORK EXPERIENCE

List all work experience beginning with current or most recent:

Employer: _____

Address: _____

Duties: _____

Supervisor's Name: _____ Phone: _____

Email: _____ Cell: _____

Dates of Employment: _____

Contact this employer?: Yes No

Employer: _____

Address: _____

Duties: _____

Supervisor's Name: _____ Phone: _____

Email: _____ Cell: _____

Dates of Employment: _____

Contact this employer?: Yes No

Employer: _____

Address: _____

Duties: _____

Supervisor's Name: _____ Phone: _____

Email: _____ Cell: _____

Dates of Employment: _____

Contact this employer?: Yes No

Have you worked in the tourism/hospitality field that is not listed above? Yes No

If yes, what type of work and how many hours per week? _____

Have you ever participated in an internship program? Yes No

SECTION IV: EDUCATION/CAREER

When do you plan to graduate? _____

Cumulative grade point average: _____

If you have additional educational objectives, what are they? _____

Are you affiliated with industry organizations? If so, what are they? _____

SECTION V: ESSAY REQUEST

What skills/interests do you have that make you desire a career in the hospitality industry? How will you use and develop them? Why do you think you should be awarded one of the \$2,500 scholarships (1-2 page essay; attach separate sheet(s).)

SECTION VI: SCHOLARSHIP REQUEST

Approximate tuition and fees per semester other than student loans \$ _____

Approximate books and supplies per semester \$ _____

Total: \$ _____

1. What part of this cost will be paid by another source? \$ _____

2. What other scholarship aid have you apply for or have received? \$ _____

3. Amount of funds you are requesting from the St. Louis Area Hotel Association? \$ _____

School/Program for which you are applying for this scholarship: _____

Contact information, **full address** and phone number of where potential scholarship would be mailed:

(i.e. Bursar's or Admissions Office) _____

Have you received a scholarship from SLAHA in the past? _____ Yes _____ No List year(s) _____

SECTION VII: REQUIREMENTS

I understand all recipients must meet the following minimum eligibility requirements:

- Enrolled as a freshman, sophomore, junior or senior at a four-year institution
- Enrolled as a freshman or sophomore at a two-year institution
- Applies to undergraduate students only
- Have a minimum of a 2.25 overall grade point average
- Be a United States citizen or permanent U.S. resident
- I understand that I must be enrolled full time (minimum 9 hours) for the next academic year (both semesters) for which this scholarship is given in order to receive the full amount of the scholarship.

I also understand that:

- Applications will be accepted by the Association through 5:00 p.m. on Friday, April 28, 2023.
- I am required to submit a short narrative update at mid-term and finals of each awarded semester.
- Scholarships will be awarded by Tuesday, June 15, 2023 with payment to be made shortly thereafter to the school or university. Failure to enroll or complete full-time status will require forfeiture or return of scholarship monies.

I agree to release my transcript and my address to the St. Louis Area Hotel Association for the purpose of receiving and verifying this scholarship and for contact in subsequent years.

(Signature)

(Date)

How did you learn about the SLAHA scholarship? _____

Upon receipt of a scholarship, would you be interested in being contacted for an internship?

_____ Yes _____ No

Upon receipt of a scholarship, would you like to be contacted by hotels for employment opportunities?

_____ Yes _____ No

Upon receipt of a scholarship, would you like to be contacted 1 or 2 times a semester by a hospitality mentor?

_____ Yes _____ No

Please check your application to be sure it has been signed and that all necessary information is correct. Do not submit the application without all of the documentation listed below. Return the completed application along with the following documents:

_____ Completed application

_____ Two letters of recommendation from a former or current supervisor, preferably from the hotel industry, and an instructor/teacher

_____ Current transcript of grades (official transcript preferred)

_____ 1-2 Page essay

Submit the completed application and requested documents to:

Vicki Boyer
Executive Director
St. Louis Area Hotel Association
6590B Scanlan Avenue
St. Louis, MO 63139
FAX: 314/558-6033

If you have questions, call [314-781-5112](tel:314-781-5112) or email vboyer@stlhotels.com