



**Application must be received by: October 17<sup>th</sup>, 2016**  
 Return items by email: [newh.scholarship@newh.org](mailto:newh.scholarship@newh.org)  
 \*Mailing address for transcript – if needed: NEWH, Inc.  
 PO BOX 322  
 Shawano, WI 54166  
 Questions: [newh.scholarship@newh.org](mailto:newh.scholarship@newh.org)  
 800.593.6394

## \$5,000 NEWH WOMEN LEADERS SCHOLARSHIP APPLICATION

Sponsored by **HMG** HOSPITALITY MEDIA GROUP LLC

### PERSONAL INFORMATION

Name:	_____		
	last	first	middle
<b>Current Mailing Address:</b>	_____		
	_____		
	city	state	zip
Permanent Mailing Address:	_____		
	_____		
	city	state	zip
Student Email at school:	_____	<b>Alternate Email:</b>	_____
Cell:	_____	<b>Permanent Phone:</b>	_____
Student ID:	_____		

**For privacy do not list Social Security# (if your school uses your SSN# as your student ID please only list last 4 numbers)**

### Criteria:

- Must be a female currently enrolled student attending an accredited college
- Must have completed half the requirements for a undergraduate degree or be enrolled in a graduate program
- Must show financial need and have eligible outstanding debt for tuition, books or supplies at time of scholarship award in April 2017
- Must have 3.0 cumulative GPA/B average or equivalent
- Must be pursuing a career objective in Hospitality Management
- Winner must attend the awards event at BDwest April 6-7, 2017, in Los Angeles, California with student travel and (1)-night lodging provided

### Submit in (1) PDF file with your application:

- Student essay, two pages in 12 pt. double spaced to include:
  - Background of yourself and your experience
  - Your goals and objectives after graduation
  - What prompted you to choose this career?
  - Describe the contributions you have made to your school program or fellow students through leadership or participation.
  - Why is obtaining this scholarship important to you?
  - If your application is not accepted, what plans do you have for financing?
- Official Transcript
- Letters of recommendation from (*examples*): Professor, advisor and/or department head
- Letters from industry professionals such as: past or current employers, internships, etc.



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**SCHOOL INFORMATION**

Major: \_\_\_\_\_

University/College: \_\_\_\_\_

College Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Advisor/Dept. Head: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree Objective:  Bachelor  Graduate

Anticipated year of graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Semester to apply scholarship funds towards: *(spring/fall/winter)* \_\_\_\_\_

Units required: \_\_\_\_\_

Units completed: \_\_\_\_\_

Units currently enrolled in: \_\_\_\_\_

List classes taking in the current quarter/semester

Class name	units
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Indicate the career path you will seek upon graduation, please give specific job title

Design \_\_\_\_\_ Restaurant \_\_\_\_\_

Foodservice \_\_\_\_\_ Sales \_\_\_\_\_

Hospitality \_\_\_\_\_ Other \_\_\_\_\_

Professional organizations, extracurricular activities, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you participated in a Student Intern Program \_\_\_\_\_

Company \_\_\_\_\_ Did you find it beneficial \_\_\_\_\_

Do you feel such a program would be valuable \_\_\_\_\_



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**FINANCIAL INFORMATION - must be filled in completely**

Estimated income during the academic year (12 months) for which the scholarship is requested		Estimated expenses during the academic year (12 months) for which the scholarship is requested	
Personal Funds <i>(cash, savings, etc.)</i>	\$ _____	Tuition and fees	\$ _____
Loans <i>(bank, etc., please specify)</i>	\$ _____	Books and supplies	\$ _____
Earnings while in school <i>(exclude college work study)</i>	\$ _____	Housing	\$ _____
Parental Support	\$ _____	Food	\$ _____
Spouse Income	\$ _____	Clothing, linen and laundry	\$ _____
Scholarship & Grants Awarded <i>(provide detailed information below)</i>	\$ _____	Personal Care	\$ _____
Other Income	\$ _____	Medical Care	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	Transportation	\$ _____
		Child care	\$ _____
		Unusual expenses <i>(explain)</i>	\$ _____
		<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

Current and/or upcoming amount of debt through your college for tuition, books or supplies. Awarded scholarship funds are made payable to and mailed directly to the college. \$ \_\_\_\_\_

Scholarships, Grants, Work-Study Grants and other Financial Aid applied for or received, attach separate page if needed:

	Applied for	Received	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>TOTAL AWARDS</b>			<b>\$ _____</b>

I am a former NEWH, Inc. Scholarship recipient. I received a scholarship from: Chapter: \_\_\_\_\_ Year: \_\_\_\_\_

Work Experience: Company	Job Title	Dates	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____

I have fully completed this application, supplied all necessary information accurately, included required attachments and submitted prior to the deadline date or my application will not be considered. I hereby verify that all financial information included in this application is true and accurate. I understand that if NEWH, Inc. learns that any information included in this application is false, this application will not be considered. If awarded a scholarship, I understand that funds will be sent to and directly distributed through my school. I understand if I do not have eligible debt for tuition, books or supplies through my school at time of the scholarship award the funds will be returned to NEWH, Inc. Awarded funds shall be utilized to help defray the cost of tuition, books or supplies incurred by myself only. WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT. If I receive a NEWH Scholarship award, including the opportunity to attend a scholarship awards event ("the Event"), I hereby release, waive, discharge and covenant not to sue NEWH, Inc., its Chapters, affiliates, officers, directors, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.

I agree to the above terms and I qualify for the application based on the scholarship criteria. If chosen as the winner, I am able to attend the awards event in Los Angeles, CA at BDWest April 6-7, 2017, to accept the \$5,000 scholarship award with travel, lodging provided by NEWH, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_