



NEWH  
 Post Office Box 322  
 Shawano, WI 54166  
 800.593.NEWH fax 800.693.NEWH newyork@newh.org

### NEWH Chapter/Region Memorial Scholarship Agreement

I, the undersigned, as a representative of the sponsoring company listed above, authorizing NEWH/ \_\_\_\_\_ Chapter/Region to use the company/family/individual name, logo, photos, on documents, signage, advertisement, NEWH website and social media pages, related to the stated Memorial Scholarship, subject to sponsoring company/family/individual prior written approval in each instance. Sponsoring agent also understands that by signing this form, it/they agree to ensure that payment for the event listed below will be made provided NEWH/ \_\_\_\_\_ Chapter/Region has not breached this agreement. I, the undersigned authorize NEWH to use event photos for further NEWH promotions. Payment for sponsorship is due as indicated below. I understand that failure to submit payment in full by the below referenced agreement will result in the termination of this agreement.

I agree to accept students in the following area of Hospitality studies for consideration to the Memorial Scholarship Award:

\_\_\_\_\_ (state specifically only studies the sponsor wishes to disperse winning scholarship to hotel management, culinary, interior design, architecture, etc.)

I agree that the NEWH Chapter/Region will conduct the scholarship selection process and select the winning scholarship recipient.

I agree that the name of this scholarship will be: \_\_\_\_\_

I agree to the use of the above stated scholarship name to be used on letters, marketing material, NEWH website and social media pages.

I agree to donate/sponsor the above named scholarship in the amount of \$ \_\_\_\_\_, to be given as:

1 Time Sponsorship  Annually  Bi-annually  Other: \_\_\_\_\_

Month/Year of Memorial Scholarship Award (**chapter completes**): \_\_\_\_\_

The undersigned Sponsor is a duly authorized representative enters into this agreement with NEWH, Inc., to participate in the above named memorial Scholarship Award through a donation in the amount noted above. Sponsor agrees to pay the sponsorship fee as follows: **Invoice 100%, Payment in Full upon receipt.** A copy of this contract and any signatures herein shall be valid as an original.

\_\_\_\_\_  
 Sponsor Representative Name (*printed*)

\_\_\_\_\_  
 Sponsor Representative (*Signature/Date*)

Sponsor Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: www. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Payment Information:**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- **Check** - Make checks payable to NEWH, Inc. submit by mail to NEWH, Inc. PO BOX 322, Shawano, WI 54166
- **Credit Card** - check one:  AMEX  VISA  MASTERCARD  DISCOVER

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Total Charge: \_\_\_\_\_

**Submit Your Payment**

Mail Checks to: NEWH Inc., c/o Nicole Crawford, PO BOX 322, Shawano, WI 54166  
 Fax Forms to: 800.693.6394 Billing Questions? [newh.scholarship@newh.org](mailto:newh.scholarship@newh.org) or 800.593.6394

Thank you for your leadership and active participation in **NEWH - The Hospitality Industry Network**