

Scholarship RE-APPLICATION

Please use this as a checklist and include it with your Re-Application:

	Application submitted on time. Received at CHTAEF on or prior to March 30 2011.
	Photo included electronically
	Type of scholarship and type of course indicated.
	Institution selected is listed by CHTAEF.
	Course is hotel / tourism specific.
	Course has been researched and details included in application – including tuition fees note or schedule. <i>Please note we do not fund travel, accommodation, equipment or book costs except for Industry Experience applicants.</i>
	Copy of offer letter / enrollment / course continuation confirmation & GPA statement to date
	Three (3) references / recommendations submitted.
	Biography statement relative to financial need submitted.
	A written 300-word up to date essay on the benefits of the scholarship to you, your nation and the region having completed a part of your course or previous course and what you have gained from your studies so far.
	Copy of the grade point average or past course completion certificates.
	Answered and submitted all segments of application form.
	Signed the application.
	Endorsed by the National Hotel Association.
	Endorsed by the Executive of the Hospitality College/University.
	Confirmation of employment from Hospitality College/University (for teachers).
	Your name on each sheet in the space provided.
	If Professional Development application, copy of your establishments CHTA Membership Certificate.

Submission Information:

Applications must be received electronically to CHTAEF no later than March 30th 2011.

Please see detailed notes on the Information sheet and website.

You can scan your completed application form and attachments in the order shown on Page 1 check list and email one document to chtaef@gmail.com

Subject line: **Application and your name and island**

Or fax your application in the same order to 305 716 9138

For further information you may contact us at:

Tel: 305-767 4211, Fax: 305 716 9138

Email: chtaef@gmail.com

Website: www.CHTAEducationfoundation.com

Name of applicant _____ *complete on each page.*



CARIBBEAN
HOTEL & TOURISM
ASSOCIATION
EDUCATION FOUNDATION

Please attach additional pages if required.

Scholarship Re-Application

MISSION STATEMENT

"To foster a world-class force of Caribbean professionals in hospitality by providing development opportunities through scholarships, grants, and career awareness."

Guidelines:

- This **Re-Application** is only for people that have previously received an award
- Please type or print clearly.
- Make sure you complete this application fully, with all the information requested and a copy of the grades achieved to date.
- Do not submit original certificates or awards.
- Include a current photo of yourself.
- Submit references / recommendations.
- Make sure you give full current contact details including an email address.
- Incomplete application forms without proper and full contact details will be disqualified.



2011

Please indicate with a tick (✓) in the box below, which type of scholarship you wish to apply for (select only one).

Complete A or B then (✓) relevant Scholarship you are seeking

I received an annual award from CHTAEF in _____ year, of US\$ _____
For _____ course
Office use only: Rate contact with CHTAEF during last award period.
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

I applied to CHTAEF for an award in _____ year
to attend _____ course, but was unsuccessful.

Name of applicant _____ complete on each page.



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Academic Scholarship - In tourism / hotel and/or restaurant management / culinary arts/ sustainable tourism / event management.

Please tick the appropriate box for full or part time study.

Full time study

Part-time study

Scholarship for Professional Development - For industry employees.

Available only to employees of CHTA member hotels with a minimum of 2 years' working experience. Programs/courses must be hotel/ tourism related.

(a) Industry employee

(b) Co-funded scholarships for Hospitality Management

Grants to Teachers - For teachers in hotel / hospitality Industry.

Available only to employees of hospitality schools with a minimum of 2 years' full time teacher experience. Confirmation of employment must be included with this application.

Further education grants

Industry work experience

APPLICANT CURRENT INFORMATION:

Name: _____

Mailing Address: _____

Tel: _____ Mobile: _____

Email: _____ Fax: _____

Where were you born? _____

What is your nationality? _____

School (If applicable):

Name: _____

Address: _____

Tel: _____ Fax: _____

Student Advisor: _____ Email: _____

Name of applicant _____ complete on each page.



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SCHOLARSHIP INFORMATION

Program / Course / Degree you wish to Pursue (must be hotel/ tourism related).

Name of the Institution you wish to attend (Preference will be given to affiliated institutions listed on the information sheet).

Have you researched the following? Please attach supporting documentation (*tuition cost letter / schedule from your selection institution, etc.*) **Preference is given to applicants who HAVE been offered a place from their institution of choice.**

- Cost / co-funding / student loans etc.
- Dates / availability
- Agreement from employer to grant leave of absence (if applicable).

Estimated TUTION cost of program/courses:

Do **NOT** include expenses other than **TUTION** for one year or less **US\$** _____

Amount of scholarship requested for one year or less **US\$** _____

Dates of course(s) (MM/YY): _____

Duration of course(s): _____

Please tell us if you have applied to other funding/scholarships somewhere and who?

It is important you explain how you will fund the balance of your fees/costs as it is unlikely CHTAEF will be able to fund your complete tuition fees.

Are you currently enrolled: No Yes Year: _____

If no, have you been **accepted** on the course of your choice? Yes No

Name of applicant _____ *complete on each page.*



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Specific course description, degree or diploma awarded on completion of course and other relative information:

Please complete the section related to the scholarship you are applying for:

Academic Scholarship (If applicable):

Name of employer: _____

Address: _____

Tel: _____ Fax: _____

Immediate supervisor: _____ Email: _____

Scholarship for Professional Development - Employed by:

Name of hotel: _____

Address: _____

Tel: _____ Fax: _____

Immediate supervisor: _____ Email: _____

Grants to Teachers

Name of hospitality school (employed by): _____

What is your present job position? _____

Address: _____

Tel: _____ Fax: _____

Immediate supervisor: _____ Email: _____

Is the course specific to your present job? Yes No

Name of applicant _____ *complete on each page.*



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DOCUMENTATION

Financial need

Provide us with a brief explanation of your past, present, and future financial circumstances, with special reference to the benefits of a scholarship.

Scholarship request essay

Submit a minimum **300-word essay** detailing your Academic/ Professional Development progress to date, what the previous scholarship award was used for and how you see your future once the new/continuing course is complete.

References

Supply with this form **THREE references to support your application**. It is desirable to have:

- One reference from your current employer or supervisor or Student Advisor.
- One should be from a hotel/tourism customer, which could be in the form of a “thank you” letter
- One from one of your peers

The re-application form should be submitted with all the requirements and an electronic copy of the grades/certificates achieved to date.

CERTIFICATION

I hereby acknowledge that the information submitted herein is true, correct, and complete. I also certify that I am in need of financial assistance to continue my professional development. I hereby state that the proceeds of any scholarship received will be used for payment of tuition fees unless otherwise agreed upon.

I have personally completed this application form:

Applicant's name (print): _____

Signature: _____ Date: _____

Statement of Endorsement

I, the undersigned, completely support and endorse this applicant.

Employer's name: _____

Signed: _____ Date: _____

Owner / General Manager Other: _____

National Hotel Association: (see listing at the end of this form)

We support this application and, if for professional development scholarship, confirm their establishment is a CHTA member.

Association's name: _____

Executive's name: _____

Signed: _____ Date: _____

For Hospitality Teachers Grants only

Hospitality School Executive: _____

Position: _____

Signed: _____ Date: _____

Name of applicant _____ complete on each page.



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