2018/2019 SCHOLARSHIP APPLICATION
This scholarship application can be downloaded at www.michiganrestaurant.org/ProStart

PURPOSE
The Michigan Restaurant Association Educational Support Foundation (MRA ESF) is dedicated to providing scholarships for students who are pursuing an education and career in the foodservice industry.

ELIGIBILITY CRITERIA
- Applicants must be an alumni / graduating senior of Michigan ProStart program.
- Applicants must be accepted and plan to enroll in a U.S. accredited college, culinary school, or university.
  - Enroll as a full-time student taking a minimum of 12 credit hours each term.
  - Major in culinary, restaurant management, or other foodservice related major.
  - Plan to remain in school for at least two consecutive terms.
- Applicants must submit the following:
  - Signed and completed application
  - Three letters of reference on school or company letterhead
  - Three completed Character Reference Forms
  - Current official transcript
  - Essay (500 words minimum, typed, double spaced)
- Applications must be completed and postmarked by May 1, 2018. Late applications will not be accepted. Faxed applications will not be accepted. Do not staple or bind application in any way.

PARTICULARS
- The scholarship is to be used toward the pursuit of a certificate or an undergraduate degree at an accredited post-secondary institution.
- Scholarships are disbursed DIRECTLY to the educational institution only after the MRA ESF receives verification from the institution’s records/admissions office confirming full-time enrollment for the student.
- The Michigan Restaurant Educational Support Foundation Scholarship Committee will determine the number and value of scholarships to be distributed each year.
- MRA ESF reserves the right to make exceptions based on circumstance.
- This is a merit based scholarship, judges will score on the following:
  - Presentation of application (spelling, punctuation, etc.)
  - Strength of letters of recommendation
  - Essay (well written and within word count)
  - Industry related work experience
  - Grade point average
SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

All scholarship correspondence will be mailed. Please provide the address and phone number where you can be contacted. Please type or print clearly.

Last Name __________________________ First Name ___________________________ Middle Initial _____

Permanent Address _________________________________________________________________

City ___________________________ State ___________________________ Zip ______________

Phone Number (__) __________________________ Work Number (__) ___________________________

Email Address __________________________________________ Date of Birth ________________

U.S. Citizen or Resident? ☐ Yes ☐ No Michigan Resident? ☐ Yes ☐ No Sex: ☐ Male ☐ Female

Ethnicity? ☐ African American ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other
You may supply this information voluntarily. MRA ESF administers an equal opportunity scholarship program.

Parent or Legal Guardian Name____________________________________________________________

Phone Number (Home) ____________________________ (Work) ____________________________

SCHOLARSHIP/PROSTART INFORMATION

Must be completed by all applicants.

Are you a ProStart Certificate of Achievement holder? ☐ Yes ☐ No

If yes, Certificate # __________________________

Are you a graduate or graduating senior of the ProStart program? ☐ Yes ☐ No

Have you applied for a scholarship through the National Restaurant Association Educational Foundation (NRAEF)? ☐ Yes ☐ No

If yes, were you awarded the scholarship? ☐ Yes ☐ No

☐ Have not yet received notice

Have you been awarded or are you being considered for any other scholarships at this time? ☐ Yes ☐ No

If yes, which scholarship(s)? __________________________

Have you received a MRA ESF scholarship in the past? ☐ Yes ☐ No

If yes, what year(s)? __________________________ Amount of Award? __________________________
SCHOOL INFORMATION

A. Current Information
School Name ____________________________________________________________________________
Address of Financial Aid Office ___________________________________________________________
City____________________________________ State __________________________ Zip ______________
Financial Aid Office Phone Number (____)___________________________________________________
Required date of funding at the institution _____________________________________________________
Expected Graduation Date ________________________________________________________________
Major ___________________________________________ Cumulative GPA ________________________
Next term I will be a: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
at a: ☐ 2-yr College ☐ 4-yr College ☐ Culinary Arts Program
I plan to pursue/receive a: ☐ Certificate ☐ Associate’s Degree ☐ Bachelor’s Degree

B. Future Information (only if different from above)
School Name ____________________________________________________________________________
Address ________________________________________________________________________________
City __________________________ State ________________ Zip _________________________________
Phone Number
Required date of funding at the institution _________________________________________________
Expected Graduation Date ________________________________________________________________
Major _____________________________________________________________
I plan to pursue/receive a: ☐ Certificate ☐ Associate’s Degree ☐ Bachelor’s Degree

ACADEMIC HONORS & ACHIEVEMENTS (Optional)
Include only those activities and honors received during the past two years.
Academic Honors________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Offices or Leadership Positions Held (date, organization, position) ____________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Extracurricular Activities or Awards _________________________________________________________
_______________________________________________________________________________________

ESSAY
Please submit an essay explaining the following: your reason(s) for applying for a scholarship and why you
feel you should receive one, the type of career in the foodservice or hospitality industry you plan to pursue,
your future goals. Your response should be at least 500 words, typed and double-spaced.
**SCHOOLS ATTENDED**

Please list in order beginning with most recent. Reminder: You must include an official transcript with your application from current school.

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<tr>
<th>School Name</th>
<th>City, State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
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**HOSPITALITY INDUSTRY WORK EXPERIENCE**

List paid or voluntary hospitality industry work experience. ONLY include hospitality related work experience, listing the most recent experience first.

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<thead>
<tr>
<th>Company Name, City, State, Telephone Number</th>
<th>Type of Business and Position</th>
<th>Date(s) Employed</th>
<th>Average Hours Worked per Month</th>
<th>Total Months Worked</th>
<th>Total Number of Hours*</th>
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*To calculate total hours, multiply average hours worked per month by total months worked.

Total Hours Worked: ________
CHARACTER REFERENCES

Please identify three people who will complete the character reference forms enclosed and your letters of reference. These references must be from 1) your advisor, 2) employer, and 3) a teacher, educator, etc. No relatives please.

Name ____________________________ Title ____________________________
Name ____________________________ Title ____________________________
Name ____________________________ Title ____________________________

FINANCIAL INFORMATION

Expenses for one academic year:
School: □ In-State □ Out-of-State □ Private
Annual Tuition ___________ Fees, Books, Supplies, Uniforms (estimate) ___________

REQUIRED SIGNATURE

How did you learn about this scholarship?
□ Professor/School □ Internet □ Mailing □ Employer □ Other ________________

Please read prior to signing.
I hereby certify that the information in this application is true and accurate to the best of my knowledge. I agree to report to the Michigan Restaurant Association Education Support Foundation any changes which could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of financial assistance and recall any and all awards previously made by MRA ESF. Furthermore, I understand that the decisions made by the Michigan Restaurant Association Education Support Foundation Scholarship Committee are final.

Signature of Applicant ____________________________ Date ____________________________
Signature of Parent or Guardian ____________________________ Date ____________________________
(only if applicant is under 18 years of age)

Applications must be postmarked no later than May 1, 2018 to qualify. An incomplete application will not be accepted. Notification will be made to all applicants by June 1, 2018.
If you have any questions, please call 800/968-9668 or 517/377-3924.

Submit application to:
Michigan Restaurant Association Education Support Foundation
ATTN: Julio A. Montemayor
225 West Washtenaw
Lansing, MI. 48933
CHARACTER REFERENCE FORM
FOR SCHOLARSHIP APPLICANT

__________________________________________ has applied to the Michigan Restaurant Association Educational Support Foundation for a scholarship. The Scholarship Committee has requested that you complete this Character Reference Form. Please rank the applicant in each of the following areas:

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How long have you known the applicant? ____________________________
Are you related in any way? ______________________________________
Are you acquainted with the applicant’s financial need in this instance? ______________________
Is the applicant’s financial need:

- □ Great
- □ Moderate
- □ Small
- □ Unknown

Would you recommend the granting of a scholarship to this applicant?

- □ Yes
- □ No

Signature: ____________________________ Date: ____________________________
Name (Print): __________________________________________________________
Address: __________________________________________________________________
City: ____________________________ State: _____ Zip: ________ Phone: (____)__________

A letter of reference is required to accompany this Character Reference Form. Please do not staple the letter to this form. Please provide any information that you feel will help the Scholarship Committee in their decision.

NOTE: This form and a letter of reference must accompany the entire application packet in order for the applicant to qualify for a scholarship. Thank you for your assistance.
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- [ ] Yes  
- [ ] No

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□ Yes
□ No

Signature: ____________________________________________ Date: __________________________________
Name (Print): ____________________________________________
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