



New York State Restaurant Association Educational Foundation  
2023 Rochester Chapter Scholarship Application

**PURPOSE:**

The New York State Restaurant Association Educational Foundation (NYSRAEF) manages scholarships on behalf of several organizations that support hospitality education. These scholarships are designed to assist students who demonstrate an interest in and commitment to the restaurant/foodservice industry.

**SCHOLARSHIP AMOUNT AVAILABLE :**

Scholarships awarded up to \$4,000.00

**ELIGIBILITY CRITERIA:**

Applicants must be a resident of Monroe, Livingston, Ontario or Wayne County and must have been admitted to a post-secondary school where they will major in foodservice, culinary arts, hospitality management or a related field.

**APPLICATION PACKAGE:**

A copy of this application can be found at [nysra.org/student-scholarships](https://nysra.org/student-scholarships). The completed and signed application with transcripts, references and personal statement must be mailed and postmarked by **May 1, 2023**. No late or incomplete applications will be accepted. Completed application must be mailed to address on the last page.

**DETAILS:**

The Rochester Chapter of The NYS Restaurant Association Scholarship Committee will determine who will be chosen.

- The scholarship must be used toward the pursuit of undergraduate studies at accredited post-secondary institutions. Students not accepted for the fall semester of 2023 are not eligible to apply.
- Applicants selected as scholarship recipients must be classified as full-time or part-time (9 credits) students in order for funds to be disbursed to the educational institution.
- The Scholarship is disbursed directly to the educational institution only after Rochester Area Community Foundation receives confirmation of enrollment status from the institution's records/admissions office. This can be included with application submission.

**ROCHESTER CHAPTER  
NEW YORK STATE RESTAURANT ASSOCIATION  
SCHOLARSHIP APPLICATION**

**1-PERSONAL INFORMATION**

*Please provide the address, phone number and email address where you can be reached throughout the scholarship process. Please type or write clearly and legibly.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt/Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

*For all applicants under the age of 18 at the time of application:*

Parent or Legal Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**2-DEMOGRAPHIC INFORMATION**

**This information is for demographic reporting purposes only and will not be considered in scholarship determination. This page must be returned with the scholarship application but will not be provided to the Scholarship Committee.**

New York resident?       Yes       No

US citizen?       Yes       No

Gender:       Female       Male

Date of Birth: \_\_\_\_\_

Ethnicity:  Caucasian  African-American  Asian-American  Native American  Hispanic  Other  Not Available

### **3-SCHOOL INFORMATION**

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High School, CTE School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College I will be attending: \_\_\_\_\_

Mailing Address of Financial Aid Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Financial Aid Office Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Required Date of Funding at the College: \_\_\_\_\_

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

I will be a:     Freshman             Sophomore             Junior             Senior

At a:             2-year college             4-year college

The degree I plan to pursue:             Associate's             Bachelor's             Master's

### **4-ACADEMIC HONORS AND ACHIEVEMENTS**

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*Include only those activities and honors achieved during the past two years. Attach one additional sheet if necessary.*

Academic Honors: \_\_\_\_\_

\_\_\_\_\_

Offices or Leadership Positions Held (date, organization, position): \_\_\_\_\_

\_\_\_\_\_

Extracurricular Activities or Awards: \_\_\_\_\_

**5-SCHOLARSHIP INFORMATION**

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Are you enrolled in a high school culinary arts or hospitality management class? Yes No

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**6-ESSAY**

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Please attach an original essay that answers the following questions: Why do you feel you should receive this scholarship? What type of career in the hospitality industry do you plan to pursue? What are your future goals? Your response should be at least 300 words but no more than 1,000 words.

**NOTE-** We request gender neutral language for the essay submission.

**7-HOSPITALITY INDUSTRY WORK EXPERIENCE**

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Include both paid and volunteer industry work experience; list the most recent first.

Company Name City, State & Phone Number	Type of Business; Your position	Dates Employed From/To	Average number of hours worked per month	Total Hours Worked

**Total Hours of Industry Experience:** \_\_\_\_\_

**8-CHARACTER REFERENCES**

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Please identify and submit names of the two people who will complete the character reference forms and provide your letters of reference. These references must be from employers, teachers or other adults. They can be emailed to

**NOTE-** We request gender neutral language for the character references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**9-REQUIRED SIGNATURES**

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How did you learn about this scholarship?

Teacher/School    Website    Employer    Other \_\_\_\_\_

*Please read this 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 Rochester Chapter any changes that could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of financial assistance. I also understand that decisions made by the Rochester Chapter Scholarship Committee are final.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Required if applicant is under 18 years of age.*

## **10-APPLICATION PACKAGE CONTENTS & DEADLINE**

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### **Contents:**

A completed application package consists of the following:

1. Completed, signed application form
2. Demographic information page
3. Two letters of reference on separate sheets
4. Two completed character reference forms (Letters of reference and character reference forms should be completed by the same two people).
5. Proof of post-secondary enrollment. Example: letter of acceptance or tuition bill.
6. Original typed essay: minimum 300 words/maximum 1,000 words.

### **Deadline:**

Applications must include each of the above listed items and be postmarked no later than **May 1st, 2023** to qualify. Emailed applications will be accepted. Notification will be made to all applicants by email.

Please email Allison Zukoski, Secretary, Rochester Chapter with any questions at [nysraroc@gmail.com](mailto:nysraroc@gmail.com)

Mail Applications to:  
Allison Zukoski  
614 Merchants Road  
Rochester, NY 14609

## NYSRAEF SCHOLARSHIP CHARACTER REFERENCE FORM I

\_\_\_\_\_ has applied to the Rochester Chapter of the New York State Restaurant Association for a scholarship. Please complete this Character Reference form and evaluate this applicant in each of the following areas.

*A letter of recommendation must accompany this form.*

Area	Excellent (5)	Good (4)	Average (3)	Poor (2)	N/A (1)
<b>Motivation</b>					
<b>Industry Interest</b>					
<b>Work Record</b>					
<b>Communication Skills</b>					
<b>Leadership</b>					
<b>Initiative</b>					
<b>Character</b>					
<b>Maturity</b>					
<b>Personality</b>					
<b>Professional Demeanor</b>					

How long have you known the applicant? \_\_\_\_\_

Are you related in any way?  No  Yes; nature of relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**Note: A letter of reference should accompany this Character Reference Form.  
In your letter, please provide any information you feel will help the Scholarship Committee in their decision.**

**This form and the letter of reference must be included in the complete Application Package for the applicant to qualify for a scholarship. Thank you for your assistance.**



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Area	Excellent (5)	Good (4)	Average (3)	Poor (2)	N/A (1)
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Are you related in any way?  No  Yes; nature of relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**Note: A letter of reference should accompany this Character Reference Form.**

**In your letter, please provide any information you feel will help the Scholarship Committee in their decision.**

**This form and the letter of reference must be included in the complete Application Package for the applicant to qualify for a scholarship. Thank you for your assistance.**