

# Ontario Hostelry Institute

## Hotel, Food and Beverage and Culinary Management Awards

### Five Awards \$1,500 - \$3,000

Please read information on award eligibility and requirements before filling out this form

IMPORTANT Please check the appropriate box.

You may apply in more than one category as long as you are eligible to do so.

Hotel Management       Culinary Management       Food and Beverage Management

### Personal Data

1. Full Name \_\_\_\_\_  
First      Middle      Last

2. Address \_\_\_\_\_  
Number/Street      City/Town      Province      Postal Code  
 (Please provide parents' address if current address is temporary)

3. Tel ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

4. S.I.N. \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Education

1. Educational Institution Name \_\_\_\_\_

2. City \_\_\_\_\_ Province \_\_\_\_\_

3. School contact name \_\_\_\_\_ Position \_\_\_\_\_

4. Tel ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

5. Name of program \_\_\_\_\_

6. Length of program     1 yr     2 yrs     3 yrs     4 yrs     Graduation \_\_\_\_\_  
month/year

### Employment History

1. Position held \_\_\_\_\_ Duration from \_\_\_\_\_ to \_\_\_\_\_  
Month /Year      Month /Year

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Number/Street      City/Town      Province      Postal Code

Supervisor name \_\_\_\_\_ Position \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_



Describe your Career Goals continued... \_\_\_\_\_

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**Describe any Extracurricular Involvements in School and/or Community** \_\_\_\_\_

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How did you learn about this scholarship? \_\_\_\_\_

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Check here if enclosed (**Please** be sure you have read 'How To Apply')

- Official Transcripts
- Signed Employer Reference Letter/s
- Signed School Reference Letter/s

*I certify that the above information is correct to the best of my knowledge and hereby authorize my college and persons whose reference letters accompany this application to provide the Ontario Hostelry Institute with such other information as may be required to process my application and award payment in the event I receive the award. I also agree to the public release of my name and picture in the event that I win the award.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_