

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.

Print full name: _____

Signature of applicant _____ Date _____