2025-26 STATLER FOUNDATION SCHOLARSHIP OF EXCELLENCE APPLICATION

All Sections Of This Application Must Be Completed Or It Will Not Be Reviewed

PERSONAL INFORMATION (PLEASE PRINT)
NAME OF APPLICANT
ADDRESS
DATE OF BIRTH TELEPHONE NUMBER
EMAIL ADDRESS
PLEASE EXPLAIN IF YOU HAVE A PHYSICAL DISABLITY AND LIST THE CURRENT CONDITION
PARENTS'/GUARDIANS' FULL NAME AND CURRENT OCCUPATION
PARENTS'/GUARDIANS' ADDRESS(ES)
COMMUNITY SERVICE ORGANIZATION AND NUMBER OF HOURS
HOSPITALITY INDUSTRY AWARDS AND/OR CITATIONS

II. SCHOOL INFORMATION

ł.	NAME OF SCHOOL			
2.	ADDRESS OF SCHOOL			
3.	NAME OF YOUR SCHOOL'S DEAN			
4.	STUDENT ID/NUMBER			
5.	YEAR ENTERING IN FALL DATE OF EXPECTED GRADUATION			
6.	GPA TO DATE ATTACH OFFICIAL TRANSCRIPT			
7.	ARE YOU A PREVIOUS RECIPIENT OF THE SCHOLARSHIP OF EXCELLENCE			
111.	FINANCIAL STATUS (Confidential)			
1.	DO YOU EXPECT FINANCIAL ASSISTANCE FROM YOUR FAMILY			
	YES IF YES, AMOUNT \$ NO			
2.	TOTAL NUMBER OF SIBLINGS IN THE FAMILY			
3.	TOTAL NUMBER OF THOSE SIBLINGS IN COLLEGE			
4.	LIST SPECIAL CIRCUMSTANCES THAT MAY HAVE AN IMPACT ON FINANCIAL STATUS (ie: emancipation, dependents, any other financial hardship or extraordinary situation)			
5.	DO YOU EXPECT TO RECEIVE ANY FINANCIAL LOANS OR GRANTS FROM OTHER			
	PRIVATE OR PUBLIC SOURCES? IF YES, PLEASE QUANTIFY AMOUNT AND SOURCE Source Amount			

6.	NEED	Scholarships/	Your	Your	Your Parents'
	Annual Tuition	Grants	Loans	Contribution	Contribution
	\$	\$	\$	\$	\$

IV. PERSONAL HISTORY

Provide a statement as an attachment that is one full page, typed, single-spaced, to include the following:

- 1. Describe your commitment to a career in the <u>hotel</u> industry and your reason(s) for doing so. You may include academic service organizations and previous experience in the industry.
- 2. Distinguish between career and life goals and tie those areas to work experience and school experiences.
- 3. Describe why the scholarship is needed.
- 4. Describe to the Trustees of The Statler Foundation why you should be granted a scholarship of this distinction.

I hereby certify that the information in this application is true and accurate to the best of my knowledge.

Applicant's Signature	
Print Name:	

Parent's Signature (IF APPLICABLE)
Print Name:______

Date

Date

Relationship to Applicant:	
----------------------------	--

School Dean's Signature	
Print Name:	

Date