



# 2010 SCHOLARSHIP APPLICATION

**Application Deadline: Friday, April 2, 2010**

The Taste of Buffalo, in its continuing commitment to Western New York, is proud to once again sponsor a scholarship program for college-bound students in the eight counties of Western New York who will pursue a degree in the foodservice or hospitality industries. Up to five \$1,000 scholarships will be awarded and will be based on the criteria and terms described on the last page of the scholarship application.

**(PLEASE PRINT)**

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*(Area Code)*

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

**College/University Planning to Attend**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Have you applied for admission?       yes       no

Have you been accepted?               yes       no

What will be your major field of study? \_\_\_\_\_

What degree are you seeking? \_\_\_\_\_

Expected date of graduation? \_\_\_\_\_

**Current High School Attending**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

**BACKGROUND**

What special recognition, awards or honors have you have received for academic excellence?

---

---

---

---

Are you currently receiving any scholarship awards?       yes    no

If yes, describe: \_\_\_\_\_

Amount: \_\_\_\_\_

List any extracurricular activities in which you presently participate.

---

---

---

---

List any community activities in which you are active.

---

---

---

---

Please describe your career goals following your graduation.

---

---

---

---

What kinds of contributions do you think you can make to the foodservice industry?

---

---

---

---

**WORK EXPERIENCE**

(List most recent job first)

Dates of Employment

**Position Held** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

**Position Held** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

**Position Held** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Are you planning to work part time while attending school?       yes       no

If yes, number of expected work hours per week \_\_\_\_\_

Please give any additional information you feel will help the selection committee in their decision, including financial, academic, or personal information you wish to disclose.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Attach additional page, if necessary)*

**Please submit one letter of reference from someone who is not a relative, but who knows you and can positively recommend your work and study habits, and a second letter from your High School Counselor.**

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

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Applicant)

Signature of Parent or Guardian \_\_\_\_\_

Be sure to complete the entire application, and return to the Scholarship Chairperson:

**Ann Marie Moscovic**  
**Canisius College**  
**Office of Admissions**  
**2001 Main Street**  
**Buffalo, NY 14208**

CHECK BELOW TO BE SURE THAT YOU ENCLOSED ALL APPLICATION INFORMATION

- Application for Scholarship (this form)
- Two letters of reference
- Transcript from your high school

Please send all forms, letters, and transcripts as one complete package.  
An incomplete application will not be considered.

### **Additional Scholarship Information**

Applicants must be residents of Erie, Niagara, Orleans, Genesee, Wyoming, Chatauqua, Cattaraugus or Allegany counties in New York State and continuing their education in an accredited two or four year school majoring in a FOOD SERVICE or HOSPITALITY curriculum. Scholarship recipients will be selected on the basis of academic achievement, experience, enthusiasm, recommendations, community involvement, goals & objectives, and overall interest.

Up to five scholarship recipients will be chosen by the Scholarship Committee. Each recipient will receive a scholarship in the amount of \$1,000 that may be applied toward tuition and fees, room and board, or books. In order to receive the scholarship award, recipients will be required to provide proof of enrollment to the Scholarship Chair in the form of a tuition bill or a letter from the college of enrollment indicating that a tuition deposit has been paid.

The committee will choose alternates in the event that any of the recipients has a change in plans and does not enroll in a foodservice or hospitality management program at an accredited two-year or four-year college or university. The scholarship winners will be notified by e-mail and in writing by no later than May 31, 2010. Scholarship recipients will be asked for their permission to print their names, college plans and photographs on the Taste of Buffalo Website, and in the Taste of Buffalo program guide distributed at the event. Information about the recipients will also be sent as a news release to area media.

Please contact Ann Marie Moscovic at [moscovia@canisius.edu](mailto:moscovia@canisius.edu) if you have any questions. Alternatively, you may contact Kevin Cavalieri at 716-400-2929.

*Your completed application, current transcript, and letters of recommendation must be **received** by the Scholarship Chairperson on or before **Friday, April 2, 2010.***