

(PLEASE PRINT)

2017 SCHOLARSHIP APPLICATION

Application Deadline: Tuesday, April 4, 2017

The Taste of Buffalo, Inc. 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 Culinary Arts 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 this scholarship application.

Name				
	Last	First		Middle
Address				
City			State	
Zip				
Phone			Date of Birth	
	(Area Code)			
E-mail Add	dress			
Social Sec	curity Number			
Father's N	lame			
Mother's N	Name			
College/U	Iniversity Planning to Atten	ıd		
Name				
Address				
City			State	
Zip				
Have you	applied for admission? been accepted? be your major field of study?	[] yes yes [] no	[] no	
What degr	ree are you seeking?			
Expected	date of graduation?			
Current H	ligh School Attending		_	
School				
Address				
City		State	7in	

BACKGROUND (Attach additional page if necessary) 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 Culinary Arts or Hospitality 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				
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)				
ADDITIONAL REQUIREMENTS				
• <u>Letters of Reference</u> : Submit TWO (2) letters of reference. One (1) fr not a relative, but who knows you and can positively recommend your habits, and one (1) letter from your High School Counselor or a Teach	work and study			
Transcript and Report Card: Submit your current High School transcript report card.	cript and your most			
I hereby certify that the information in this application is true and accurate knowledge.	to the best of my			
Date				
Signed(Applicant)				
Signature of Parent or Guardian				
dignature of Falent of Guardian				

BE SURE TO COMPLETE THE ENTIRE APPLICATION, SIGN AND DATE IT AND RETURN TO:

Cheryl Goldstone/TOB Scholarship Committee Guidance/Counseling Office Williamsville South High School 5950 Main Street Williamsville, NY 14221

CHECK BELOW TO BE SURE THAT YOU ENCLOSED ALL REQUIRED ELEMENTS:

[] Application for Scholarship (this form)
[] Two letters of reference (One personal; One from High School Counselor or a Teacher)
[] Transcript from your High School and your most recent report card

Please send this application, letters of reference, transcript and report card as one complete package. An incomplete application package will not be considered.

CRITERIA AND TERMS

Applicants must be residents of Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus or Allegany counties in New York State and continuing their education in an accredited two or four-year school majoring in a **Culinary Arts** or **Hospitality** curriculum. Scholarship recipients will be selected on the basis of academic achievement, experience, enthusiasm, recommendations, community involvement, goals 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 Committee 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 Culinary Arts or Hospitality program at an accredited two-year or four-year college or university. The scholarship winners will be notified by e-mail and in writing no later than April 29, 2017. Scholarship recipients will be asked to sign a Publicity Release to grant permission to print their names, college plans and photographs on the Taste of Buffalo website and in the Taste of Buffalo festival guide distributed at the event and on tasteofbuffalo.com. Information about the recipients will also be sent as a news release to area media.

Please contact Cheryl Goldstone at cgoldstone@williamsvillek12.org if you have any questions. Alternatively, you may contact Taste of Buffalo's Event Coordinator, Connie Wendling at 716-656-1214.

Your completed application package must be received on or before April 4, 2017.