

New York State
HOSPITALITY
& TOURISM
Association
Fred and Gertrude England
Hospitality Education Foundation



Professional Development Scholarship Program

Application Procedures & Deadlines

- Applications may be requested directly from NYSH&TA or accessed thru www.nyshta.org (click on the Education Foundation link)
- Applications must be submitted 60 days in advance of the professional development activity.*
- Applicants will be notified within 45 days of submission
- Scholarship money will be reimbursed upon completion of the program and receipt of documented expenses

**The Committee in its sole discretion may waive this requirement upon receipt and review of applicant's request for same.*

New York State Hospitality & Tourism Association (NYSH&TA)

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PROFESSIONAL DEVELOPMENT SCHOLARSHIP

PURPOSE:

The Fred & Gertrude England Hospitality Education Foundation Professional Development Scholarship Program offer scholarships to New York State Hospitality & Tourism Association (NYSH&TA) member employees for professional development activities. The intent of the program is to provide a scholarship award (50% activity costs up to \$1,000) to an employee of a NYSH&TA member property, to improve their knowledge about any subject to support their efforts of professional development in the hospitality industry. This scholarship may be used to cover part of the expenses incurred by the employee and employer so that the burden of individual contributions may be lightened, though not necessarily eliminated.

WHO IS ELIGIBLE:

Employees of NYSH&TA members that have been employed for at least a year at that property are eligible to apply for this scholarship.

GOAL:

It is the goal of the Foundation to have employees choose professional development activities which will benefit both themselves and the member property.

OBLIGATION OF THE APPLICANT:

It will be the obligation and the responsibility of the applicant to supply the awards committee information about the activity they wish to pursue. Funds will not be available in advance, but will be reimbursed upon receipt of documented expenses.

JUDGING FACTORS:

Preference for scholarship awards will be given to applications that:

- Are complete and legible;
- The scholarship activity is specific to the hospitality industry and your current or aspired to job responsibilities
- Award professional designation (i.e. CHA) or award a Certificate of Completion;
- Will allow the applicant access to training that would otherwise not be available without scholarship assistance;

TO OBTAIN MORE INFORMATION AND RECEIVE AN APPLICATION:

To obtain an application and more information about the Professional Development Scholarship Program go to www.nyshta.org (and click on the Education Foundation link) or contact the NYSH&TA office directly at (800) 642-5313.

New York State Hospitality & Tourism Association (NYSH&TA)

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PROFESSIONAL DEVELOPMENT SCHOLARSHIP**

Instructions for applying:

- ITEM A): Enter your name, address, e-mail address and phone number.
- ITEM B): Enter the name of your employer, your job title, your supervisor's name, his/her address, e-mail address, and phone number. State the length of time you have been employed at your current business. State the length of time you have been employed in the Hospitality Industry.
- ITEM C): Explain the proposed activity in narrative form so that it may be clearly understood by the selection committee.
- ITEM D): Submit to the committee a one-page, double-spaced typewritten document in bullet form, including the following:
- The projected impact of the proposed activity on your current or aspired to area of responsibility (example: I always wanted to be a General Manager...)
 - How will this activity be of benefit to you and your employer, and the hospitality industry?
 - Tell us how your new skills will be applied in your current job and shared with your co-workers.
 - Are you paying for this activity yourself and/or your employer?
- ITEM E):
- (1) Indicate the costs of your proposed activity by category in the corresponding space, and the estimated TOTAL COST on the line provided.
 - (2) Indicate the amount of funding you are seeking from this scholarship program.
 - (3) Note: Costs for meals can be applied for, but alcoholic beverages are the responsibility of the applicant; no funds will be awarded for alcoholic beverages.
- ITEM F): Please attach materials which describe your proposed activity. Especially helpful are items such as announcements, registration forms, and agendas.
- ITEM G): Submit a letter of recommendation from your employer (a NYSH&TA member). Letter should be addressed to the Chairman of the Education Foundation.
- ITEM H): Your employer's signature indicates her/his support of your proposed activity.

Completed Professional Development Scholarship applications should be submitted to:

New York State Hospitality & Tourism Association (NYSH&TA)

Education Foundation Chairman

C/o New York State Hospitality & Tourism Association

80 Wolf Road

Albany, NY 12205

**PROFESSIONAL DEVELOPMENT SCHOLARSHIP
APPLICATION FORM**

A) Name of applicant: _____

Address: _____

E-Mail Address: _____

Phone: _____

B) NYSH&TA Member Name: _____

Applicant's Job Title: _____

Applicant's supervisor: _____

Address: _____

E-Mail: _____

Phone: _____

Length of time employed at this business: _____

Length of time employed in the Hospitality Industry: _____

C) Summary of activity: _____

D) One-page, double-spaced typewritten document including requested information – on a separate sheet of paper.

New York State Hospitality & Tourism Association (NYSH&TA)

Are you required to attend this training as a part of your regular job responsibilities or your hotel franchise requirements? YES/NO

E) BUDGET:

1. ACTIVITY COSTS: Tuition/registration fee: \$ _____
Transportation: \$ _____
Lodging: \$ _____
Meals: \$ _____
TOTAL COST: \$ _____

X _____ 50%

2. AMOUNT OF SCHOLARSHIP REQUEST \$ _____

F) DOCUMENTATION: Please attach information regarding this activity, including announcement, registration form, and cost.

G) Letter of recommendation from current employer _____

H) EMPLOYER'S SIGNATURE _____ DATE: ___/___/___

APPLICANT'S SIGNATURE _____ DATE: ___/___/___