

Illinois Restaurant Association Educational Foundation 2010-2011 Scholarship Application

Application Deadline: May 14, 2010
Applications RECEIVED after this date will not be considered.

Applicant Qualifications

To qualify for a scholarship, ***you must:***

- Be a permanent resident of the State of Illinois
- Be accepted and plan to enroll in an accredited culinary school, college or university
- Enrolled full-time or substantial part-time taking a minimum of 8 credit hours each term.
- Major in a culinary, restaurant management or foodservice related program

Required Documentation

To be considered for a scholarship, your application packet must include the following:

1. Signed hard copy of application (typed and fully complete)
2. ***Official transcripts for all academic institutions attended.*** If you are a graduating high school senior, unofficial copies are acceptable, until official copies are released.
3. Three typed essays
4. Two signed recommendation forms

You may submit additional recommendation forms. However a minimum of **one** from an employer or industry professional and **one** from an instructor in the restaurant and or foodservice industry must be included.
5. Photocopied documentation of honors and achievements
6. A copy of your college curriculum (from your college catalog) with the number of credit hours detailed. Please do NOT include the entire catalog.
7. A copy of the letter telling you that you have been accepted at a culinary school, college or university.
8. Verification of work experience. Work experience can include any paid employment, volunteer experiences, community service hours, or kitchen/lab experience as part of your education. You will be judged on the work hours that are verified by the following documents. No other documents will be accepted.
 - A. Copies of paycheck stubs. Do **not** send copies of W-2 forms;
 - B. A letter from your employer, supervisor, or teacher verifying your total work hours. It must be on company or school letterhead. Make sure you tell them to include the number of hours you worked.

Reasons for Disqualification, In-Eligibility, and Restrictions

1. Applicants will *not* be considered if
 - Application is handwritten;
 - Application is incomplete (missing any required documentation above);
 - Application is submitted by faxed or emailed;
 - *Not a permanent resident of the State of Illinois*
 - Late (postmarked after the deadline)
2. Please do not send any paperwork that has not been requested.
3. DO NOT staple your application or enclose in a report cover or binder.

How Scholarship Applications are Judged and Selected

A judging panel of educators, industry leaders, and culinary professionals will evaluate applications given the following criteria. Scholarships are awarded on a competitive basis.

The judges will score your application on the following criteria:

- Presentation of application (spelling, grammar, etc.)
- Industry-related work experience (both paid and volunteer)
- Documented Honors and achievements (photocopies)
- Recommendation Forms
- Essay questions (persuasive, well-written, and with required word count)
- Official transcripts

How You Will Be Notified

Applicants will be notified via U.S. Mail approximately eight weeks after the deadline date. If you are awarded a scholarship you will receive specific instructions on claiming your scholarship. For more information on the IRA Educational Foundation, please visit: www.illinoisrestaurants.org

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Mail your application and all required documentation on or before the deadline May 14, 2010 to:

Illinois Restaurant Association Educational Foundation
Attn: Blue Ribbon Scholarship Committee
33 W. Monroe St., Suite 250
Chicago, IL 60603

Please direct any questions about the application process to Maggie McLafferty at (312) 787-4000 ext. 147.

SECTION 1 • PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Permanent Address _____

City _____ State _____ Zip _____ County (e.g., Cook) _____

Phone Number _____ Email Address _____

Alternate Email Address _____

Cell Phone Number _____ Parent/Back-up Phone Number _____

Date of Birth (mm/dd/yy) _____

Illinois Resident Yes, I am a permanent resident of Illinois, and would be able to provide documentation upon request (only permanent residents are eligible to apply)

OPTIONAL INFORMATION

Sex: Female Male

Ethnicity: American Indian or Alaskan Native Black/African Hispanic
 Asian American or Pacific Islander White/Caucasian Other _____

SECTION 2 • SCHOOL INFORMATION - CURRENT

2A. GRADUATING HIGH SCHOOL SENIOR

I am currently a High School student I am a current ProStart® student

Expected date of High School graduation (mm/dd/yy) _____ Cumulative GPA _____

High School _____

School Address _____ City _____ State _____ Zip _____

My school offers a foodservice and/or hospitality program

2B. UNDERGRADUATE STUDENT

I am currently an Undergraduate student I have applied, but not yet accepted

I am a former ProStart® student

Current School _____

Address of Financial Aid Office _____

City _____ State _____ Zip _____

Expected date of program completion (mm/dd/yy) _____

Major _____ Cumulative GPA _____

My school offers a foodservice and/or hospitality program

2C. GRADUATE STUDENT

- I am currently a Graduate student I am currently a undergraduate student
 I am a former ProStart® student

Current School _____

Address of Financial Aid Office _____

City _____ State _____ Zip _____

Expected date of program completion (mm/dd/yy) _____

Major _____ Cumulative GPA _____

- My school offers a foodservice and/or hospitality program

SECTION 2 • SCHOOL INFORMATION – FUTURE

2D. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED –

GENERAL INFORMATION

School Name: _____

Address of Financial Aid Office: _____

City _____ State _____ Zip _____

Expected Enrollment Date (mm/dd/yyyy): _____

Institution Type: Community College 2-year College 4-year College Culinary Institute

2E. ACADEMIC INFORMATION

Expected certification/degree: Associate's Degree Bachelor's Degree Certificate

Class level you will be next term: Freshman Sophomore Junior Senior

Expected Enrollment Status: Credit Hours _____ Full-time Part-time

Major _____ Minor _____

SECTION 3 • ACADEMIC HISTORY

List all schools attended, beginning with most recent. You must include official transcripts from ALL academic institutions attended.

3A. HIGH SCHOOL INFORMATION

School Name _____ Dates Attended _____

City _____ State _____ Zip _____ Diploma Earned _____

3B. COLLEGE INFORMATION

School Name _____ Dates Attended _____

City _____ State _____ Zip _____ Degree Earned _____

3C. ADDITIONAL SCHOOL INFORMATION

School Name _____ Phone Number (____) _____

City _____ State _____ Zip _____ Dates Attended _____

SECTION 4 • ACTIVITIES, HONORS & ACHIEVEMENTS

Please use this section to indicate activities, honors and special achievements, and feel free to use additional paper as necessary. A resume may **NOT** be submitted instead of providing the information below. **SUPPORTING DOCUMENTATION MUST BE PROVIDED (E.G. COPY OF CERTIFICATE OR LETTER), WHEN APPLICABLE.**

- 4A. I have earned my: Sanitation Certification Alcohol Awareness / B.A.S.S.E.T. Certification
 CPR / First Aid Certification ProStart® National Certification
 Illinois ProStart® Internship Certification Other _____

4B. **EXTRACURRICULAR ACTIVITIES** (e.g., clubs, sports) If Documentation Provided, Check Here

1. _____
2. _____

4C. **VOLUNTEER ACTIVITIES** (at school, work, or other)

1. _____
2. _____
3. _____
4. _____

4D. **AWARDS / SPECIAL RECOGNITION RECEIVED** (e.g., Honor Society, Dean's List, Employee of the Month)

1. _____
2. _____
3. _____
4. _____

4E. **LEADERSHIP / OFFICER POSITIONS** (e.g., captain of culinary team, class or club president)

1. _____
2. _____
3. _____
4. _____

SECTION 5 • FOODSERVICE & HOSPITALITY WORK EXPERIENCE

Please list your foodservice and hospitality work experience (most recent first). A resume may **NOT** be submitted instead of providing the information below.

1. Company _____ City _____ State _____ Zip _____
Starting Position _____ Ending Position _____
Start Date (month/year) _____ End Date _____ Paid Volunteer Hours per week _____
Contact Person _____ Contact's Title _____ Contact's Phone Number _____

SECTION 5 • FOODSERVICE & HOSPITALITY WORK EXPERIENCE

2. Company _____ City _____ State _____ Zip _____
Starting Position _____ Ending Position _____
Start Date (month/year) _____ End Date _____ Paid Volunteer Hours per week _____
Contact Person _____ Contact's Title _____ Contact's Phone Number _____
3. Company _____ City _____ State _____ Zip _____
Starting Position _____ Ending Position _____
Start Date (month/year) _____ End Date _____ Paid Volunteer Hours per week _____
Contact Person _____ Contact's Title _____ Contact's Phone Number _____
4. Company _____ City _____ State _____ Zip _____
Starting Position _____ Ending Position _____
Start Date (month/year) _____ End Date _____ Paid Volunteer Hours per week _____
Contact Person _____ Contact's Title _____ Contact's Phone Number _____

SECTION 6 • RECOMMENDATIONS

*Applicants are required to provide two recommendations on the forms provided – one from an instructor of a foodservice/hospitality management class and one from a supervisor or mentor from a foodservice/hospitality work experience. **Letters may NOT be submitted in place of recommendation forms.***

SECTION 7 • ESSAYS

Each essay must be on a separate piece of paper, and each must have your name, the essay number, and the essay question typed at the top of the page. Essays must be typed and double-spaced.

ESSAY #1 (150 word minimum)

What is your career goal in the restaurant/foodservice industry? What experiences do you feel will help you be successful in achieving your goal? What challenges do you expect to face in achieving your career goals and how might you overcome these challenges?

ESSAY #2 (150 word minimum)

What experience or individual (mentor, instructor, class, etc) has influenced you to pursue a career in the foodservice / hospitality industry?

ESSAY #3 (50 word minimum)

Describe how this scholarship will affect your ability to further pursue your educational goals in the foodservice & hospitality industry.

SECTION 8 • CONCLUSION & REQUIRED SIGNATURE

8A. HAVE YOU RECEIVED A SCHOLARSHIP FROM THE IRA EDUCATIONAL FOUNDATION BEFORE?

No Yes

Year _____ • Scholarship Award _____ Year _____ • Scholarship Award _____

Year _____ • Scholarship Award _____ Year _____ • Scholarship Award _____

How did you learn about the Illinois Restaurant Association Educational Foundation Scholarship Program?

Instructor/School Mailing Scholarship Database Guidance Counselor Website Other _____

8B. PLEASE READ THE FOLLOWING PRIOR TO SIGNING BELOW:

To the best of my knowledge, I have provided the Illinois Restaurant Association (IRA) Educational Foundation with accurate information concerning all questions on this application. I hereby agree to report to the IRA Educational Foundation any changes which could affect consideration of my application. I understand that all decisions of the Blue Ribbon Scholarship Committee and the Trustees of the IRA Educational Foundation are final.

I understand that if I am awarded a scholarship, certain requirements (including, but not limited to the following) must be met before any award monies can be disbursed. (1) I must formally accept the award and provide the IRA Educational Foundation with all materials requested. (2) I must provide proof of enrollment (full or part-time with a 6 credit hour minimum) in an accredited foodservice/hospitality program for the 2010-2011 academic year. I understand that awards will be payable and mailed directly to my college/university before the beginning of the Fall 2010 term (pending the above requirements), that all awards are disbursed pending verification of student eligibility, and that some sponsor-directed expenses may apply.

I understand that failure to provide updated valid and complete information, including current telephone, email, and other contact information, may result in the withdrawal of all financial assistance and recall of all awards previously made by the IRA Educational Foundation.

Furthermore, if I become a scholarship recipient, I agree to have my picture (whether included herein or taken at a future date) and information released to promote the IRA Educational Foundation and its scholarship program.

Signature of Applicant _____ **Date** _____

If applicant is under age 18, please also provide the following:

Name of Parent/Guardian _____ **Relationship to Applicant** _____

Signature of Parent/Guardian _____ **Date** _____

Telephone Numbers of Parent/Guardian: **Day** _____ **Evening** _____



IRA Educational Foundation Scholarship Program Recommendation Form 1 – Instructor

Scholarship Application Deadline – April 23, 2010

NOTE TO THE APPLICANT

As you know, two recommendation forms are required with your scholarship application, one from an instructor of a foodservice/hospitality class and one from a supervisor or mentor from a foodservice/hospitality work experience. Please fill out the top section of this page before giving the form to your **instructor**.

Applicant's Name _____ Recommender's Name _____

NOTE TO THE RECOMMENDER

The applicant has selected you, as an academic reference, to provide a candid recommendation to the IRA Educational Foundation as a part of the Scholarship application process. Once this form is completed, please return it to the student in a signed envelope with your signature across the seal. The student will submit your sealed recommendation to us along with his/her other application materials. Thank you for your input.

What class(es) did this student take with you? _____

How long have you known this student? _____

Please rate the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unknown</i>
Interpersonal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive feedback and learn from it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated interest in the foodservice / hospitality industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional information you would like to share about the student?

Signature of Recommender _____ Date _____

Name of Recommender _____ Phone Number _____

Organization _____ Title _____

Street Address _____ City, _____ State, _____ Zip _____



IRA Educational Foundation Scholarship Program Recommendation Form 2 – Industry

Scholarship Application Deadline – May 14, 2010

NOTE TO THE APPLICANT

As you know, two recommendation forms are required with your scholarship application, one from an instructor of a foodservice/hospitality class and one from a supervisor or mentor from a foodservice/hospitality work experience. Please fill out the top section of this page before giving the form to your **industry recommender**.

Applicant's Name _____ Recommender's Name _____

NOTE TO THE RECOMMENDER

The applicant has selected you, as an industry supervisor or mentor, to provide a candid recommendation to the IRA Educational Foundation as a part of the Scholarship application process. Once this form is completed, please return it to the student in a signed envelope with your signature across the seal. The student will submit your sealed recommendation to us along with his/her other application materials. Thank you for your input.

How do you know this person? _____ For how long? _____

Please rate the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unknown</i>
Interpersonal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive feedback and learn from it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated interest in the foodservice / hospitality industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional information you would like to share about the student?

Signature of Recommender _____ Date _____

Name of Recommender _____ Phone Number _____

Organization _____ Title _____

Street Address _____ City, _____ State _____, Zip _____