

2017 Scholarship Application

Deadline to submit: Friday, April 28, 2017

SECTION **1** PERSONAL INFORMATION

*Scholarship correspondence may be mailed and/or emailed. To ensure you receive information promptly, please provide the mailing address, email address, and phone number where you can be contacted. ***IMPORTANT NOTE*** If you do not receive confirmation or correspondence within 1 week of application submission, please contact Katelyn Kostek immediately: kkostek@restaurantiowa.com or 515-276-1454.

1.	Are you a U.S. Citizen or Permanent Resident Alien? O Yes	O No
	You must be a U.S. Citizen or Permanent Resident Alien to be eligible	for this scholarship.

2.	First Name	Middle Initial	Last Name	
3.	Permanent Address			
Ci	ty	State	ZIP	
4.	Phone Number ()	5. Cell Num	ıber ()	
6.	Primary Email Address			
7 .	Date of Birth (mm/dd/yyyy)	// 8. Curr	ent Age	
9.	Gender O Female O M	lale		
). Ethnic origin: You may supply a dministers an equal opportunity sch	olarship program.		ociation Education Foundation

O African-American	O American Indian or	O Native Hawaiian or
O Hispanic or Latino	Alaska Native	Other Pacific Islander
O Asian-American	O Caucasian	• O Other:

SECTION 2 SCHOOL INFORMATION

Plea	ease include information on the school/colleg	ge you will be attending next term.		
11.	. Name of High School from which you gr	raduated/will graduate		
12.	2. Year you graduated/will graduate from High School			
13.	. Have you taken any ProStart classes?	O Yes O No		
14.	4. Are you in the process of applying for the ProStart National Certificate of Achievement? O Yes O No			
15.	5. Have you earned the ProStart National Certificate of Achievement? O Yes O No			
16.	6. Have you taken the ServSafe® class and earned ServSafe certification? O Yes O No			
17.	. In the Fall 2017 semester, I will be a:			
О	College Freshman O	College Junior	O Other	
0	College Sophomore O	College Senior		
18.	. College you are/will be attending			
Ado	ldress			
City	ty S	State ZIP		
19.	. College Phone Number ()			
20.	. When do you expect to graduate from th	nis College?		
21.	. What is your current Cumulative GPA or	r GED average standard score?		
	Please use the GPA or GED score stated o			
22	What type of program will you aproll in?	2.		
ZZ .	 What type of program will you enroll in? O Certificate O Associates Degree 			
	-	5		
	 What is your major? D Baking & Pastry Arts O C 	Culinary Management	O Food Science	
		Culinary Management Culinary Science / Culinology	 Hospitality / Hotel / Restaurant / 	
•		Dietetics / Applied Nutrition	Tourism Management	
0	Chef Apprentice Program O F	Foodservice / Food & Beverage	• Viticulture and Enology	
0	Culinary Arts	Management	O Other	
24.	. What is your minor or specialization?			
25.	. What type of college will you attend?			
	Vocational O Community College / 2	year College O 4 year college	O Culinary Institute	
26.	. Will you attend a private or public colleg	ge? O Private O Public,	In-state O Public, Out-of-state	

SECTION **3** RESTAURANT AND FOODSERVICE WORK EXPERIENCE

The IRAEF staff and scholarship committee will evaluate you on work experience. *Please include your most recent work experience first.* Additional details about your work experience may be attached for supplemental consideration (e.g. promotions, training, work reviews).

Company Name, City, State, zip	Company phone number	Type of business	Job Title	Start Date	End date

SECTION **4** AWARDS AND ACHIEVEMENTS

Include only those activities and honors received during the past two years.

- 27. List any honors or awards you have received.
- 28. List any offices or leadership positions you have held. Include the date, organization, and position.

29. List any other extracurricular activities you have participated in.

SECTION 5 INTERESTS

30. Which area(s) of the restaurant and foodservice industry are you interested in as a possible career choice? (You may choose more than one option.)

- O Culinary Arts
- **O** Education
- Environmental Health / Sustainability
- Facilities Design
- Fine Dining
- Food Journalist
- O Food Safety

- O Food Stylist
- Foodservice Advertising / Marketing
- Foodservice Communications
- **O** Foodservice Supply/Distribution
- Full Service Operations
- Healthcare Foodservice Management

- O Hotel / Lodging
- Nutrition
- O On-site Foodservice
- O Quick Service
- **O** Restaurant Management
- O School Foodservice
- Viticulture
- O Other ____

SECTION 6 ESSAY QUESTIONS

Please type response on a separate sheet of paper. Each question should be answered in a half page of paper. Both questions should be answered on one sheet of paper.

- 31. PART A. In your own opinion, what are the major challenges in the foodservice/hospitality industry today? PART B. Describe any personal skills and characteristics that will help you meet the challenges you state.
- 32. Which person was most influential in helping you choose a career in the foodservice/hospitality industry? Please explain your selection.

33. How did you first learn about this Iowa Restaurant Association Education Foundation Scholarship opportunity?

- Professor/Teacher/School
- O Iowa Restaurant Association Website
 O Employer
- O Iowa Restaurant Association Newsletter
 O Other

- O MailingO Email
 - O Internet

Please read prior to signing.

To the best of my knowledge, I have provided the Iowa Restaurant Association Education Foundation with accurate information concerning all questions on this application. I agree to report to the Iowa Restaurant Association Education Foundation any changes which could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of all financial assistance and recall of all awards previously made by the Iowa Restaurant Association Education.

Furthermore, if I become a scholarship recipient, I agree to have my information released to promote the Iowa Restaurant Association Education Foundation Scholarship Program throughout the restaurant and foodservice industry.

Signature of Applicant	Date	
Signature of Parent or Guardian	Date	
(Required if the applicant is under the age of 18)		
Parent or Guardian's Telephone Number Day:	Evening:	

All applicants will be notified of their status via U.S. Mail and/or Email and/or Phone.

Send this completed application, transcripts, copy of your post-secondary acceptance letter or proof of enrollment (or if not yet accepted, your statement concerning where your application is pending) and letter or letters of recommendation **no later than Friday, April 28, 2017** to:

Iowa Restaurant Association Education Foundation, ATTN.: Katelyn Kostek 1501 42nd Street, Suite # 294 West Des Moines, Iowa 50266

OR

Application and accompanying documents can be scanned and emailed to:

kkostek@restaurantiowa.com



All instructions and deadlines are valid only for the specific scholarship and deadlines stated on the instructions and application. Once the stated deadline has expired, the instructions and application are no longer valid. If you need current scholarship information, please contact the Iowa Restaurant Association Education Foundation at 515-276-1454.