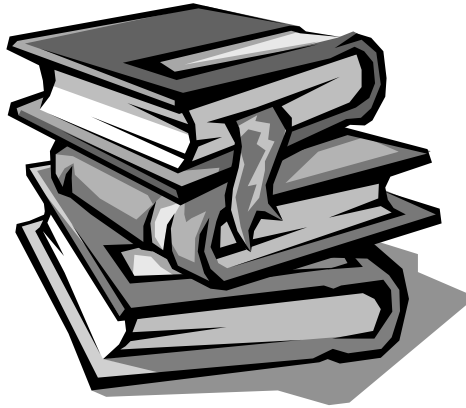


Missouri Restaurant Association
**SCHOLARSHIP
OPPORTUNITIES**



STEP into a brighter future
Success
Through
Education and
Participation



MISSOURI
RESTAURANT
ASSOCIATION

SECTION I. PERSONAL INFORMATION AND INTERESTS

Indicate the scholarship for which you are applying.

- | | |
|--|--|
| <input type="checkbox"/> Keeney | <input type="checkbox"/> Springfield/Branson |
| <input type="checkbox"/> Kansas City | <input type="checkbox"/> Capital City/Lake Ozark |
| <input type="checkbox"/> St. Louis | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> Joplin/Southwest | <input type="checkbox"/> Paul Sterner |
| <input type="checkbox"/> Columbia/Mid-Missouri | <input type="checkbox"/> Carl Degen Traveling |

FOR OFFICE USE ONLY		
CC:	FR	SO
SC:	FR	SO
	<u>JR</u>	<u>SR</u>

Have you ever been awarded a scholarship from the Missouri Restaurant Association? Yes No

If yes, what year? _____ Which scholarship? _____

Name (last) _____ (first) _____ (initial) _____

Permanent Address _____

City/State/Zip _____ Phone () _____

Age _____ Date of Birth _____ U.S. Citizen? Yes No or Permanent Resident? Yes No

I presently attend: High School Jr./Community College College/University Graduate School

Name of School _____

City/State/Zip _____

Next fall term I will be attending: Jr./Community College College/University Graduate School

I will be a: Freshman Sophomore Junior Senior Graduate Student

Culinary Institute Students: Entry Date (Term I) _____

My college will be _____

City/State/Zip _____

I plan to receive a(n): Associate Bachelors Masters Degree with a major in _____

And expect to receive my degree in (month) _____

SECTION II. ACADEMIC RECORD AND ACHIEVEMENTS

Schools attended: List in order beginning with most recent.

OFFICE USE	NAME	CITY, STATE	DATES	DEGREE

List any academic honors you have received _____

List any office or other leadership positions you have held _____

List any other extra-curricular activities with which you have been involved _____

SECTION III. FOODSERVICE INTERESTS AND INVOLVEMENTS Work experience: List most recent work experience first.

Company	Position	Hours per week	Type of business
Address	Supervisor	Dates of employment	Mon. ___ Yr. ___ To Mon. ___ Yr. ___

Company	Position	Hours per week	Type of business
Address	Supervisor	Dates of employment	Mon. ___ Yr. ___ To Mon. ___ Yr. ___

Company	Position	Hours per week	Type of business
Address	Supervisor	Dates of employment	Mon. ___ Yr. ___ To Mon. ___ Yr. ___

Signature of Applicant	Date	Social Security Number
------------------------	------	------------------------

What is your career goal after earning your degree? _____

Do you plan to work part-time during school? Yes No

If yes, what type of work and how many hours per week? _____

Do you plan to work next summer? Yes No

If yes, what type of work and how many hours per week? _____

ALL APPLICANTS

To the best of my knowledge, I have provided the Missouri Restaurant Association full information concerning all questions on this application. I agree to report to the MRA any factors which could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of all financial assistance and billing for all awards previously made by the Missouri Restaurant Association.

Signature of Applicant	Date	Social Security Number
------------------------	------	------------------------

Please check your application carefully to be sure that it has been signed and that all necessary information has been provided. It is the applicant's responsibility to see that required documents are received by the Missouri Restaurant Association by the deadline date.

GRANT IN AID AND CHAPTER SCHOLARSHIP APPLICANTS CONTINUE TO SECTION IV

SECTION IV. STUDENT THOUGHTS Use additional pages if necessary.

1. In your own opinion, what are the major challenges in the foodservice industry today?
2. How would you meet these challenges?
3. Why do you want a career in foodservice?

SECTION V. ASPIRATIONS Use additional pages if necessary.

1. What are your future goals and how do you intend to reach them?
2. What do you feel have been your academic strengths & weaknesses?
3. Why do you feel you are deserving of this scholarship?

GRANT IN AID AND CHAPTER SCHOLARSHIP APPLICANTS CONTINUE TO SECTION VI

SECTION VI. FINANCIAL INFORMATION

NOTE: This section applies to Grant In Aid and Chapter Scholarships ONLY.

Spouse's Name _____ Occupation _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Guardian's Name _____ Occupation _____

If you are self-supporting and your parents do not claim you as an exemption on their federal income tax, indicate specifically your source of income _____

If your parents claim you as an exemption, are they also supporting other children? Yes No

List brothers' and sisters' ages _____

STUDENT'S INCOME AND EXPENSES FOR ONE SCHOOL YEAR

State only amounts of which you are certain or can reasonably estimate. **Do Not** include financial aid for which you are applying.

INCOME		EXPENSES	
Scholarships, Fellowships, Tuition Waivers	\$ _____	Tuition, Fees, Books, Supplies	\$ _____
Savings or Investments	\$ _____	Room and Board	\$ _____
Earnings During School Year	\$ _____	Rent, Food, Utilities Off Campus	\$ _____
Earnings During Summer	\$ _____	Clothing, Laundry, Cleaning	\$ _____
Earnings of Spouse	\$ _____	Medical and Dental	\$ _____
Social Security	\$ _____	Transportation (gas, insurance, payments)	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

REQUIRED SIGNATURES

This section must be completed by the applicant's parent or guardian if either or both of the following statements are true:

1. Applicant has not reached his/her 22nd birthday.
2. The applicant is not self-supporting.

Father's Income

- Below \$20,000 \$50,000 - \$65,000
- \$20,000 - \$35,000 \$65,000 - \$80,000
- \$35,000 - \$50,000 \$80,000+

Mother's Income

- Below \$20,000 \$50,000 - \$65,000
- \$20,000 - \$35,000 \$65,000 - \$80,000
- \$35,000 - \$50,000 \$80,000+

Guardian's Income

- Below \$20,000 \$50,000 - \$65,000
- \$20,000 - \$35,000 \$65,000 - \$80,000
- \$35,000 - \$50,000 \$80,000+

Do you support and claim the applicant on your Federal Income Tax? Yes No

Signature of Parent or Guardian Who Supports You

Date