

PACK BROTHERS HOSPITALITY SCHOLARSHIP APPLICATION FORM

Scholarship Amount: \$2,500

Application Deadline: June 1

Award Notification: June 30

Applicant Information

Full Name: _____

Employee ID (if applicable): _____

Position/Department: _____

Date of Hire: _____

Email Address: _____

Phone Number: _____

Academic Information

Name of Institution: _____

Type of Program (check one):

4-Year University 2-Year College Accredited Certification/Trade Program

Program Name or Field of Study: _____

Expected Start Date: _____

Expected Graduation Date (if applicable): _____

Short Essay (Attach a separate sheet)

Please provide a personal statement (max 500 words) that includes:

- Your career goals
- How this scholarship will help you achieve them

PACK BROTHERS HOSPITALITY SCHOLARSHIP APPLICATION FORM

- Why continued education is important to you

Additional Requirements

Please include the following with your application:

1. Proof of enrollment or acceptance letter from the institution
2. One letter of recommendation from your current supervisor or manager
3. Your personal statement (see above)

Applicant Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand that falsification of information may result in disqualification from consideration.

Signature: _____

Date: _____

Submit Your Application To:

Human Resources Department

Email: [Insert HR email address]

OR Deliver to your HR representative by June 1