



NORTHERN CALIFORNIA CHAPTER

MEETING PROFESSIONALS INTERNATIONAL

## MPINCC Spring 2009-2010 Student Scholarship Application

**CONTACT:** To be considered for this scholarship, please complete the information below and email to Dawn Turner, Chair **and** Lisa Burkett, Co-Chair, Awards & Recognition Committee, [dawn.turner@cort.com](mailto:dawn.turner@cort.com) and [lab595@hotmail.com](mailto:lab595@hotmail.com) .

### RESPONSES DUE:

#### ONE SCHOLARSHIP AVAILABLE

MPINCC will pay for a Professional Education program.

#### INSTRUCTIONS

Complete the application and return it to us by \_\_\_\_\_, and we'll notify you if you qualify for a scholarship. Please use additional paper for adequate space to list your qualifications as requested below.

#### APPLICATION

Name:

College/University:

Major:

Additional Major/Minor:

Year level:

Expected Graduation:

Address:

Phone:

Email:

Full time or Part time student?

1. What is your cumulative GPA? (Please submit application with current transcript)

2. Have you ever attended a MPINCC meeting? If less than one year, please list event dates.

3. List your volunteer participation in hospitality organizations. Include: committees on which you have served and/or chaired, your attendance at industry events and conferences, whether you have taught at meetings and conferences. List organizations and number of hours served.

4. Please list any other ways in which you have contributed the hospitality industry.



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6. Have you had any professional work experience in the Hospitality industry over the past 2 years? If so, list where and when.

7. Have you receive any awards or honors in the hospitality industry? If so, please list.

8. Explain the professional and financial reasons for your application.

9. List any other items of consideration in evaluating your application for scholarship.

11. If you received a scholarship, what do benefit do think you would get out of it?

12. What do you think you would bring to the local MPINCC Chapter?

Please provide us with your student advisor contact information below.

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I acknowledge that I am an active student..... I agree to submit .....

Signature:

Date