

2023 SCHOLARSHIP APPLICATION Deadline to apply: Tuesday, April 18, 2023

The Taste of Buffalo, Inc. in its continuing commitment to Western New York, is proud to offer a scholarship program for college-bound students in the eight counties of Western New York who will pursue a degree in Foodservice or the Hospitality industry such as Chef, Baking & Pastry Arts, Travel & Tourism, Hotel Management, etc. Four \$1000.00 scholarships will be awarded and will be based on the criteria and terms described on the last page of this scholarship application.

(PLEASE PRINT) Name (Last) (First) (Middle) **Address** City State Zip Phone Date of Birth E-mail Address Social Security Number Father's Name Mother's Name **College/University Planning to Attend** Name Address City State Zip Have you applied for admission? [] Yes [] No Have you been accepted? [] Yes [] No What will be your major field of study? What degree are you seeking? Expected date of graduation? **Current High School Attending** School **Address** City _____ State _____ Zip _____

BACKGROUND (Attach additional pages if necessary) What special recognition, awards or honors have you received?		
Are you currently receiving any scholarship awards? [] Yes [] No		
If yes, describe:		
Amount:		
List any extracurricular activities in which you presently participate:		
List any community activities in which you are active:		
Please describe your career goals following your graduation:		
What kinds of contributions do you think you can make to the food service or hospitality industry?		

WORK EXPERIENCE (List m	nost recent job first)	Dates of Employ	mont
Position Held			
Company		_	
Address		_	
_ City/State/Zip		_	
		Dates of Employ	ment
Position Held			
Company			
Address			
City/State/Zip			
Are you planning to work p	part time while attending school?	[] Yes []	No
If yes, number of expected	d work hours per week		
•	information you feel will help the selection ic, or personal information you wish to		sion,
(Attach additional page, if			
someone who is not a and study habits, and c	ndation: Submit TWO (2) letters of recordance relative, but who knows you and can posione (1) from your School Counselor or a red: Submit an official current high school	sitively recommend your Teacher.	work
I hereby certify that the in knowledge.	nformation in this application is true an	nd accurate to the best o	of my
Date	_ Signed (Applicant)		
	(Applicant)		
Signature of Parent or Gua	ardian		

BE SURE TO COMPLETE THE ENTIRE APPLICATION, SIGN, DATE, AND RETURN TO:

Cheryl Goldstone TOB Scholarship Chair 46 Haverford Lane Williamsville, NY 14221

CHECK BELOW TO BE SURE THAT YOU ENCLOSED ALL REQUIRED ELEMENTS:

[] Application for Scholarship (this form)
[] Two letters of recommendation (One personal; one from a High School Counselor or a Teacher)
[] Transcript from your High School and your most recent report card

Please send this application, letters of recommendation, transcript, and report card as one complete package. An incomplete application package will not be considered.

CRITERIA AND TERMS

Applicants must be residents of Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus, or Allegany counties in New York State and continuing their education in an accredited two or four-year school pursuing a degree in FOOD SERVICE or HOSPITALITY curriculum such as a Chef, Baking & Pastry Arts, Travel & Tourism, Hotel Management, etc. Scholarship recipients will be selected based on achievement, experience, enthusiasm, recommendations, school/community involvement, goals, and overall interest.

The Scholarship Committee will choose up to four scholarship recipients. Each recipient will receive a scholarship in the amount of \$1000.00. **NOTE:** The TOB Scholarship is designated to be used for non-tuition college expenses, such as room/board, books, fees, etc. In order to receive the scholarship award, recipients will be required to provide proof of enrollment to the Scholarship Committee in the form of a tuition bill or a letter from the college of enrollment indicating that a tuition deposit has been paid. **Please complete** <u>either</u> the Taste of Buffalo Scholarship or the Tops Scholarship.

The committee will choose alternates in the event that any of the recipients has a change in plans and does not enroll in a food service or hospitality program at an accredited two or four-year college or university. The scholarship recipients will be notified by e-mail and in writing no later than May 5, 2023. Scholarship recipients will be asked to sign a Publicity Release to grant permission to print their names, college plans and possible photographs on the Taste of Buffalo website and in the Taste of Buffalo festival guide distributed at the event and on tasteofbuffalo.com. Information about the recipients will also be sent as a news release to area media.

Please contact Cheryl Goldstone, Scholarship Chair, at cherylmg46@gmail.com if you have any questions. Alternatively, you may contact Taste of Buffalo Event Coordinator, Connie Wendling, at 716-249-1189.

Your completed application package must be received on or before April 18, 2023.