

2024 SCHOLARSHIP APPLICATION

Please note: Incomplete applications will not be considered for scholarships.

 Minimum GPA of 3.0 or equivalent Endorsement letter from the National Hotel Association Three (3) letters of reference/recommendation, if possible, one of which should be from tourism industry person. If applicable, an endorsement letter from your current employer should be submitted Transcripts from most recent academic institution or academic course A recent photo of the applicant in jpeg or similar format. (Photos may be used as part of the CHTA Education Foundation promotion and social media campaigns and so should be a positive, cheerful reflection of who you are and your hospitality aspirations.) A 400-words or less statement which includes: the applicant's area of tourism and academic interest, 	
 outline of financial need, outline of how the scholarship will advance the applicant's career and benefit the hospitality and tourism industry in the applicant's country. 	
 APPLICATION INSTRUCTIONS: All Scholarship Applications must be received no later than May 15, 2024 CHTAEF is a green organization and the Scholarship Application process is paperless. Please complete the application and email to Foundation@CaribbeanHotelandTourism.com. Incomplete applications will not be considered for scholarships. If you have any questions, please call 305-443-3040. Scholarships are awarded for Tuition Only and funds will be sent directly to the University or College directly to pay for or subsidize tuition. No money will be sent to students. Please fill in all information to be eligible for a scholarship and print your name on every page. 	
Candidate Name:	

Contact Information



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Name								
Street								
City								
Country								
Telephone		Mobile						
Email								
Nationality/Citizens	ship	Country of Residence						
Education (Current and Past)								
Name of Most Reco		If currently enrolled, please list here, otherwise please list last academic institution						
Dates Attended	(from)	(to)						
Area of Study/Degr	ee	GPA						
A copy of official trai	nscripts i	s required to verify grades.						
Work Experience								
Employer								
Job Title/Function								
Dates (from – to)		Country						
Supervisor								
Employer								
Job Title/Function								
Dates (from – to)		Country						
Supervisor								
·								
Employer								
Job Title/Function								
Dates (from – to)		Country						
Supervisor								
Candidate Name:								



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	Community Involvement	Professional Awards and Memberships					
What is Your Area of Interest? Please select ONE Hotel Management Tourism Management Other (please specify) Terms: Please select ONE Full time study Part time study Online or Open University Degree Type: Please select ONE Associate Degree Bachelor's Degree Master's Degree Currently Enrolled/Accepted by the University or College: Yes No Name of University or College Location of University or College Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Please list	Please list					
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Tourism Management Other (please specify) Terms: Please select ONE Full time study Part time study Online or Open University Degree Type: Please select ONE Associate Degree Bachelor's Degree Currently Enrolled/Accepted by the University or College: Yes No Name of University or College Location of University or College Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	What is Your Area of Interest? Pleas	se select ONE					
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Terms: Please select ONE Full time study Part time study Online or Open University Degree Type: Please select ONE Associate Degree Bachelor's Degree Currently Enrolled/Accepted by the University or College: Ves No Name of University or College Location of University or College Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Tourism Management	Event Management					
Full time study Part time study Online or Open University Degree Type: Please select ONE Associate Degree Bachelor's Degree Master's Degree Currently Enrolled/Accepted by the University or College: Yes No Name of University or College Location of University or College Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Other (please specify)						
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Location of University or College Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Currently Enrolled/Accepted by the U	Jniversity or College: Yes No					
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Start Date Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Location of University or College						
Graduation Date Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Start Date						
Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)	Graduation Date						
	-						
Candidate Name:	Program Description: Provide degree or course name (Example: Bachelor of Science, International Hotel Management)						
Candidate Name:							
Candidate Name:							
	Candidate Name: _						



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Fundir	ng Information						
Please	note that most CHT.	A scholarships are approximately US	\$5,000				
A.	A. Total annual tuition cost at college you are attending: US\$						
В.	s. Scholarship amount being requested from CHTA Education Foundation annually: US\$						
C.	Are you getting an	y other scholarships or grants	[] Yes	[] No			
D.	Amount of self-fun	ding expected: US\$					
	If so, from where?		How much? US\$_				
	Please list all other	sources of funding to make up any o	differences between the tui	tion cost and the scholarship?			
				US\$			
				US\$			
Staten	nent of Endorsem	ent					
Assoc Execu	iation's Name itive's Name onic Signature	ORSEMENT: We support this applicate	Date:				
Applic	ant's Certification	Statement					
I hereb	y acknowledge that	the information submitted herein is	true, correct and complete				
		ed of financial assistance to continue ships are for payment of tuition only	•	sional development and I			
Applio	cant's Name (Print)		Date: _				
Electr	onic Signature						