



**Honorable Order Of the Golden Toque
Scholarship
Sponsored by Sullivan University**

Application for Scholarship

Name of Applicant

For Golden Toque Scholarship Committee Use Only

Date Received: _____ Received by: _____

Date sent to Committee: _____

Committee total score: _____ Scholarship awarded: _____ Amount: _____

NOTES:

Scholarship Application Guidelines

The applicant must agree to enroll or be enrolled at National Center for Hospitality Studies at Sullivan University.

The awarded amount will be \$5000.00 and awarded annually to five (5) recipients and is non-renewable.

Applicant must have filed for financial aid and have an estimated award letter on file with the financial planning office at Sullivan University.

Applications are accepted at any time, but, are reviewed in January and June of each year by the scholarship coordinator and appropriate committee members. The application expires after committee review.

The applicant is responsible to ensure the legibility, accuracy and completion of the application and its supporting documentation.

Supporting **documentation that must be attached to this application** includes:

- A current high school transcript (unofficial).
 - If currently enrolled at Sullivan and at least one (1) whole quarter has been completed prior to application, an official transcript can be used in place of a high school transcript.
- The financial aid transcript (page 4 of this Application), completed and signed by the financial planning office.
- A brief written essay prepared by the applicant, describing why he or she needs and should be awarded a scholarship for training in the food service industry.
- Two (2) letters of recommendation or support from past or present employers and/or educational institution officials attesting to the applicant's proficiency, dedication, aptitude, character or other attributes of interest.

General Information

Applicants will be considered on the basis of financial need, cumulative grade point average, strength of applicant's essay, strength of recommendation/support letters, and overall professionalism of the application.

Scholarship checks are made payable jointly to the recipient and the educational institution and may be applied towards any school-based fees, tuition, or other expenses. Any unused portion of the scholarship grant, by virtue of withdrawal from the program by the recipient, shall be returned to the property of Sullivan University.

Successful applicants will be required to submit an appropriate letter of thanks and a transcript or other written documentation from Sullivan University's Academic Services office indicating active enrollment status prior to issuing of the check.

Return completed application and required attachments to:

Sullivan University
Golden Toque Scholarship Committee
C/O Nina Martinez, Admission Dept.
3101 Bardstown Rd
Louisville, KY 40205

Personal Information:

Applicants Name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Marital status: _____ # of dependents: _____

Educational Background:

Name of High School: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Date of graduation: ____/____/____
Last College attended (if applicable): _____
City: _____ State: _____
Degrees awarded: _____

For Current Sullivan University Students:

Information for this part of application can be found in Academic Services

Are you a full-time or part-time student? _____

What is your current grade level? _____

How many credit hours have you completed? _____

What is your current cumulative grade point average (GPA)? _____

What is your anticipated date of graduation? ____/____/____

Applicant's Statement of Verification:

I, the undersigned applicant, pledge that the information submitted in this application is true and correct. I understand that any willfully false statement, attachment or documentation will prompt permanent barring from receiving a Golden Toque Scholarship from Sullivan University.

Signature of Applicant: _____ Date: _____

FINANCIAL AID RELEASE FORM

Student Name: _____ Student ID Number: _____

I authorize the _____
to release any and all of my financial aid records to the:

**Sullivan University
Golden Toque
Scholarship Committee**

For use in determining my eligibility for a Golden Toque Scholarship.

Applicant's signature: _____ Date: _____

EDUCATIONAL INSTITUTION INFORMATION

To be completed by financial planning office

Please request that your financial aid office supply the following information and attach this completed form to your scholarship application: (please print legibly or type)

Estimated costs per _____
(period)

\$ _____ Tuition
\$ _____ Housing
\$ _____ Food
\$ _____ Transportation
\$ _____ Miscellaneous
\$ _____ Personal
\$ _____ TOTAL

Current aid available per _____
(period)

\$ _____ PELL
\$ _____ GSL
\$ _____ School-based
\$ _____ PLUS/SLS
\$ _____ Family Contribution
\$ _____ Student Contribution
\$ _____ Other - please list
\$ _____ TOTAL

FAO Signature: _____ FAO phone: () _____

FAO printed/typed name: _____