

**EDUCATIONAL FOUNDATION
CONTINUING EDUCATION SCHOLARSHIP APPLICATION**



(Please type or print clearly)

**Use this form if you are
CURRENTLY EMPLOYED IN THE
HOSPITALITY INDUSTRY**

APPLICANT INFORMATION

Name _____ Male _____ Female _____

Home Address _____ City, State, Zip _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

email Address _____

EMPLOYMENT INFORMATION

Employer _____ Start Date _____

Address _____ City, State, Zip _____

Supervisor _____ Phone Number _____

If you have a resume, please attach it. Each applicant must submit a current employment reference letter with this application. Your employer must recommend you for this scholarship.

PROGRAM WHERE SCHOLARSHIP DOLLARS WILL BE APPLIED

Name of College or Professional Development Activity _____

Address _____ City, State, Zip _____

Phone Number _____ Program of Study/Course _____

Tuition/Registration Amount Requested _____

Describe the professional development activity and how much it will benefit you: _____

Activity Date(s) _____

Signature of Applicant _____ Date _____

RETURN TO: CRVA Educational Foundation, 500 S. College St., Suite 300, Charlotte, NC 28202-1873
704.339.6123 / FAX 704.831.2640

PROPOSAL FUNDING

The Educational Foundation will notify applicants, in writing, if their application has been funded or not.