



# NORTHERN CALIFORNIA CHAPTER

M E E T I N G P R O F E S S I O N A L S I N T E R N A T I O N A L

## MPINCC 2010-2011 Student Scholarship Application

**CONTACT:** To be considered for this scholarship, please complete the information below and email to Bob Zimmerman **and** Mark Evans, Awards & Recognition Committee, bob.zimmerman@marriott.com and mevans@claremont-hotel.com or fax to Mark at (510) 843-6239.

### SCHOLARSHIP INFORMATION

MPINCC will pay your student membership for one year. Scholarship recipient must help out with any committee of their choice (Ex: Gala, Golf, Membership, Hospitality, Awards & Recognition, Auctions).

### INSTRUCTIONS

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

### APPLICATION

Name:

Address:

Phone:

Email:

College/University:

Major:

Additional Major/Minor:

Year level:

Expected Graduation:

Type of Degree:

Certificate

Associate

Bachelor of Arts

Bachelor of Science

Full time or Part time student?

**Note:** A copy of current student identification card or program registration must be attached to this application.

Full time or Part time employed?

If so, where are you currently employed?

1. What hospitality classes have you taken/are taking?

2. What type of clubs/organizations are you involved in on campus?

3. Have you had any professional work experience or internships in the Hospitality Industry over the past 2 years? If so, list job title, organization name and date(s).



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4. Have you attended an industry association education event or meeting? If so, please list the association (i.e.: MPI, PCMA, ISES, NACE), topic(s) and approximate date.

5. List any membership and volunteer participation in hospitality organizations.

6. What aspect of the hospitality industry do you plan to pursue post-graduation?

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

Please provide us with your student advisor contact information below.

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I acknowledge that I am an active student and if I am awarded this scholarship I will commit a minimum of 10 volunteer hours to MPINCC. I understand this scholarship is a reimbursement of dues and I must apply for a student membership on [www.mpiweb.org](http://www.mpiweb.org). I understand I will not receive compensation until my membership is approved by MPI International.

Signature:

Date