

## Culinary or Hospitality Scholarship 2024 Application / up to \$5000 per award

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### **TO THE STUDENT:**

Materials must be received by May 15, 2024 and include the following:

1. Student's fully completed application.
2. Student's school transcript. A minimum 2.5 GPA required (or show progress towards improving GPA).
3. A typed essay of between 250 - 500 words describing why you are applying for this scholarship, your affiliation with the culinary and/or hospitality industry, if any, and your career goals.
4. A letter of recommendation from an educator, counselor or employer. Family members are ineligible.

All materials submitted will be held in strict confidence and become the property of the Max Cares Foundation.

Please submit application online by visiting <http://maxcaresfoundation.org/scholarships/>

Or by mail to: Max Cares Foundation, Inc  
C/O Ruben/Horan, P.C.  
249 Pearl St, 3<sup>rd</sup> Floor  
Hartford, CT 06103

### **ELIGIBILITY:**

1. Student must be a high school senior in good standing, eligible for graduation the same year as the scholarship application and seeking to earn a secondary degree in Culinary Arts or Hospitality oriented programs OR a student in good standing currently enrolled in a secondary Culinary Arts or Hospitality oriented program.
2. Student must be a resident of or attend high school in greater Hartford County, Connecticut or greater Springfield, Massachusetts area. **See list of eligible towns/cities on next page.**

### **USE OF SCHOLARSHIP:**

1. May be used at any properly accredited college, university, or trade school providing training in Culinary and Hospitality fields.
2. Must be used within 12 months of this grant.
3. May be used to defray tuition, supplies, room or board. Max Cares Foundation reserves the right to pay the institution directly.

This scholarship is provided for one-time use only. No continued scholarship support for the student is stated or implied. However, an application may be submitted each year as applicant sees fit.

### **SELECTION GUIDELINES:**

The Foundation will give consideration to the following criteria in making a final selection:

1. Desire for career in the Culinary and/or Hospitality Industry.
2. Employment record and extra-curricular activities.
3. Need based on information obtained in the application and interview, if held.
4. Scholastic record

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Applicants must be a resident of or attend high school in the following  
Towns/Cities in the Greater Hartford, CT and Greater Springfield, MA regions

Avon, CT	Manchester, CT
Berlin, CT	Marlborough, CT
Bloomfield, CT	New Britain, CT
Bristol, CT	Newington, CT
Burlington, CT	Plainville, CT
Canton, CT	Rocky Hill, CT
East Granby, CT	Simsbury, CT
East Hartford, CT	Southington, CT
East Windsor, CT	South Windsor, CT
Enfield, CT	Suffield, CT
Farmington, CT	West Hartford, CT
Glastonbury, CT	Wethersfield, CT
Granby, CT	Windsor, CT
Hartford, CT	Windsor Locks, CT
Hartland, CT	

Agawam, MA  
Chicopee, MA  
East Longmeadow, MA  
Hampden, MA  
Holyoke, MA  
Longmeadow, MA  
Ludlow, MA  
Monson, MA  
Palmer, MA  
Southwick, MA  
Springfield, MA  
Westfield, MA  
West Springfield, MA  
Wilbraham, MA

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**Personal Information:**

Application Date: \_\_\_\_\_  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**High School or Culinary/Hospitality Program**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

**Industry Experience:**

Note: while not required, if applicant has any industry experience, please list current or past employment or internship experiences and related dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

If you have any other information that you want the committee to consider regarding your qualifications for this grant, please feel free to provide any additional information here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below:

I hereby certify that the information I have submitted is correct. I authorize release of this information to the scholarship committee and will provide additional information or verification upon request. If awarded the scholarship, I grant permission to Max Cares Foundation Inc. and it's board to use the information included in this scholarship application for distribution in both printed and digital matter. I understand that I will not be compensated for the use of any information and that I may not be notified of each use.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date