

SCHOLARSHIP INFORMATION AND APPLICATION INSTRUCTIONS

Deadline: Must be received by **April 30, 2007**

Attachments:

1. General Information Sheet
2. Official Application Checklist Form
3. Official Student Application
4. Confidential Assessment Form

Applicant Procedures:

1. Read the information thoroughly;
2. Complete the attached Official Application (4 pages);
3. Prepare and attach to the Application your personal essays;
4. Secure two (2) letters of recommendation from individuals not related to you, who can attest to your character and integrity;
5. Submit the Confidential Assessment Form to your hospitality program teacher(s) and/or counselor(s) for their required evaluations. Ask your teacher(s) or counselor(s) to mail the completed form to the GGRASF office no later than April 30, 2007 or include a sealed original with the application packet;
6. Request your school send a copy of your transcripts directly to the GGRASF office no later than April 30, 2007;
7. Mail the completed application packet: official application, your essays, and letters of recommendation, to the GGRASF office for receipt no later than April 30, 2007.

Foundation Procedures:

1. **Application Review:**
At this time, the Trustees will look for general requirements: complete application, minimum grade point average, letters of recommendation, and completed confidential assessment.
2. **Personal Interview:**
If your application and all requirements are met, you may receive a notice inviting you to appear for a personal interview (approximately 10-15 minutes) at the fund office. **Telephone interviews will not be accepted.**
3. **Decision:**
Within two (2) weeks of your interview, you will be informed in writing of the trustees' decision as to whether or not you have been awarded a scholarship, and the award amount.

Should you have any questions, please call the GGRASF at 415.781.5348.

GENERAL INFORMATION

The Golden Gate Restaurant Association Scholarship Foundation (GGRASF) is an educational arm of the GGRA. The GGRA is the trade association in the San Francisco Bay Area representing restaurant owners and operators. The Foundation was established in 1968 by the members and friends of the GGRA, as a living memorial to David Rubenstein. Mr. Rubenstein served as General Counsel for the Association from the date of its inception in 1938 until his death in 1968.

The GGRASF is a non-profit corporation operating under Section 501(c)(3) of the Internal Revenue Code. It was established to encourage, and provide assistance for, individuals who wish to further their education in pursuit of careers in the foodservice and hospitality industry. Only California residents (at the time of initial application) enrolled in educational institutions operating under Internal Revenue Code Section 501(c)(3), or institutions approved by the Board of Trustees, are eligible to apply.

Student applications for awards are judged on the basis of commitment to pursuing a career in the hospitality industry, personal merit, and evidence of ability to benefit from additional training.

SCHOLARSHIP ELIGIBILITY

California residents¹ who have graduated or are due to graduate within six months from high school in the greater San Francisco Bay Area; and:

- Have been accepted as a full-time student into a college level foodservice program; and
- Will pursue a major in foodservice.

Or

California residents who attend a college or university full-time²; and have completed at least one semester as a foodservice major³ and have been accepted for the following academic term; and:

- Attend an educational institution operating under Internal Revenue Code Section 501(c)(3), or an institution approved by the Trustees of the GGRASF; and
- Have maintained a minimum of 2.75 GPA on a 4.0 scale.

Or

California residents who attend a college or university part-time⁴; and work in the foodservice or hospitality industry at least 20 hours per week; and have completed at least one semester as a foodservice major and have been accepted for the following semester; and:

- Attend an educational institution operating under Internal Revenue Code Section 501(c)(3), or an institution approved by the trustees of the GGRASF; and
- Have maintained a minimum of 2.75 GPA on a 4.0 scale

Definitions:

1. California resident: Applicant must be a California resident at the time of initial application
2. Full-time is considered 12 or more units
3. Foodservice Major = at least 50% of students course load must be comprised of foodservice related subjects or an approved foodservice curriculum
4. Part-time is considered 6 or more units

GGRASF SCHOLARSHIP PAYMENT GUIDELINES

Scholarship awards are paid in four (4) installments beginning with the fall term. It is the student's responsibility to make certain that his or her college, university, or other institution submit the necessary document(s) to the GGRASF office.

First Installment (one-fifth)

Upon registration for the fall semester/term as a qualified student with a foodservice major¹.

- **A copy of the official registration for the fall semester/term must be submitted**

Second Installment (one-fifth)

Upon satisfactory completion, maintenance of a minimum 2.75 GPA, for the fall semester/term.

- **A copy of the grade report for the fall semester/term must be submitted**

Third Installment (one-fifth)

Upon registration in the winter quarter or spring semester/term as a qualified student with a foodservice major.

- **A copy of the official registration for the winter quarter or spring semester/term must be submitted**

Final Installment (balance)

Upon satisfactory completion, maintenance of a minimum 2.75 GRA, for the winter quarter or spring semester/term.

- **A copy of the grade report for the winter quarter or spring semester/term must be submitted**

NOTE: UNLESS PRIOR ARRANGEMENTS ARE MADE WITH THE GGRASF IN WRITING, ANY INSTALLMENT NOT CLAIMED WITHIN SIX (6) MONTHS FROM THE DATE OF ELIGIBILITY FOR THE INSTALLMENT WILL BE FORFEITED.

1. Foodservice Major = at least 50% of students course load must be comprised of foodservice related subjects or an approved foodservice curriculum

OFFICIAL APPLICATION CHECKLIST FORM

(Print or Type)

MAIL TO: GGRASF, 120 Montgomery Street, Suite 1280, San Francisco, CA 94104

DEADLINE: April 30, 2007

Please accept my application for a scholarship

A. Attached is my:

- Completed application (4 pages)
- Personal essay #1
- Personal essay #2

B. Letters of Recommendation are:

- Attached
- Forwarded by my instructor

C. The sealed Confidential Assessment Form is:

- Attached
- Forwarded by my instructor

D. My Official Transcripts were requested on: _____
(date)

APPLICATION CHECKLIST

- Read the application information and instructions thoroughly
- Complete Official Application (4 pages)
- Prepare & attach to the Application your personal essays.
- Provide two (2) letters of Recommendation from individuals not related to you who can attest to your character and integrity.
- Submit the Confidential Assessment Form to your hospitality program teacher(s) and/or counselor(s) for their required evaluations.
- Request a teacher or counselor mail the completed Confidential Assessment Form to the GGRASF office no later than April 30, 2007, or include a sealed original with this application.
- Request your school send a copy of your transcripts directly to the GGRASF office no later than April 30, 2007.
- Mail the completed application packet: official application, your essays, and letters of recommendation to the GGRASF office for receipt no later than April 30, 2007.

**Golden Gate Restaurant Association
Scholarship Foundation
SCHOLARSHIP APPLICATION FORM**

(Print or Type)

PERSONAL INFORMATION

Name of Applicant: _____ Social Security Number: _____

Current Address: _____

Permanent Address (if different): _____

Phone Number: _____ Email address: _____

Current Resident of California Yes No

SCHOOL/EDUCATION INFORMATION

SECTION I

Complete Section I ONLY IF you are a high school senior OR have graduated and are NOT currently attending a college program or equivalent. Then complete pages 3 & 4.

If you are currently enrolled in a college program or equivalent go directly to SECTION II.

A. High School Information

Name of High School: _____

Address/City/State/Zip: _____

Name of Counselor: _____ Telephone: _____

Anticipated/Past High School Graduation Date (mo/yr): _____

Grade Point Average (GPA): Last Semester: _____ Cumulative/Overall: _____

B. Future School Information

Name & Location of school attending: _____

Type of School/Program:

4-year College Community College Culinary Institute Other: _____

Tuition for one academic year: \$ _____

Anticipated Major: _____ Anticipated Graduation Date (mo/yr): _____

Type of Degree:

Bachelor Degree Associate Degree Certificate Other: _____

SCHOOL/EDUCATION INFORMATION

SECTION II

Complete SECTION II ONLY IF you are currently attending a college program or approved educational institution. Then complete pages 3 & 4.

A. Current Information

Name of School: _____

Address/City/State/Zip: _____

Type of School/Program: _____

4-year College Community College Culinary Institute Other: _____

Current # of Units: _____

Name of Counselor: _____ Telephone: _____

Major: _____ Minor (if applicable): _____

Grade Point Average (GPA): Last Semester: _____ Cumulative/Overall: _____

Type of Degree:

Bachelor Degree Associate Degree Certificate Other: _____

Anticipated Graduation Date (mo/yr) _____ Tuition for one academic year: \$ _____

B. Next Term Information

Next term I will be a: Sophomore Junior Senior Other: _____

Complete any information that is different from information above

Next Term, the school I will be attending is: _____

Address/City/State/Zip: _____

Type of School/Program:

4-year College Community College Culinary Institute Other: _____

Anticipated # of Units: _____

Name of Counselor: _____ Telephone: _____

Major: _____ Minor (if applicable): _____

Type of Degree: Bachelor Degree Associate Degree Certificate Other: _____

Tuition for one academic year: \$ _____

**AFTER COMPLETING *EITHER* SECTION I or SECTION II,
CONTINUE TO THE NEXT PAGE.**

ALL APPLICANTS MUST COMPLETE PAGES 3 & 4.

WORK EXPERIENCE

Company Name City, State Telephone #	Type of Business & Position	Dates Employed	Average Hours Worked per Month	Total Months Worked	Total # of Hours Worked
Phone:					
Phone:					
Phone:					

Total # of Hours Worked: _____

PROFESSIONAL INTERESTS

What areas of the restaurant/foodservice industry do you plan to enter after graduation? You may list more than one in order of most interest.

HONORS & ACHIEVEMENTS

(Include activities and honors during and/or since high school, both in school and in the community)

List any extra-curricular activities in which you have participated:

List any academic honors you received:

List any offices or leadership positions you held (date, organization, position):

PERSONAL ESSAYS

Attach essays to your application.

1. Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals. [150 – 200 words]
2. What has inspired you to do what you do? Was it unusual family or personal circumstances, school or work experiences, or your participation in school and community services? [150-200 words]

REQUIRED SIGNATURE

To the best of my knowledge, I have provided the GGRASF with accurate information concerning all questions on this application.

I give permission to the Golden Gate Restaurant Association Scholarship Foundation (GGRASF) to verify any or all statements contained in this application, its supporting documents, and publicly announce any award I might receive.

Applicant's Name: (Please Print) _____ Telephone: _____

Address: _____ City/State/Zip: _____

Applicant's Signature: _____ Date: _____

Additional Signature is required if you are under 18 years

Parent's or Guardian's Name:

Name: _____ Relationship: _____ Phone: _____

**Golden Gate Restaurant Association
Scholarship Foundation
CONFIDENTIAL ASSESSMENT FORM**

(To be completed by School Counselor or Hospitality Education Instructor)
(Print or Type)

Please return this form by April 30, 2007

✉ 120 Montgomery Street, Suite 1280, San Francisco, CA 94104 or fax 415.781.3925

NAME OF STUDENT: _____

1) What is the student's greatest strength?

2) What is the student's chief weakness?

3) Describe any special accomplishment outside of school.

4) Describe any special factors in the student's environment which affect his/her performance:
() favorably and/or () unfavorably

5) If the student has taken any standardized aptitude tests, list name(s), date(s), and score(s):

6) Do you feel the student has made a wise choice of career? YES NO
If YES, what personality traits does this student have that indicate he/she will be a good candidate for the foodservice industry?

7) Additional Comments:

Name: _____ Title: _____

School: _____ Phone: _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____

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Confidential Assessment Form (continued)

Please rate this student relative to the other members of the same class by placing a check mark under the appropriate column for each trait listed in the following table.

	No Observation	Lowest Quarter	Third Quarter	Second Quarter	First Quarter	Outstanding
Emotional Stability						
Maturity						
Originality						
Drive To Achieve						
Dependability						
Speaking Skills						
Writing Skills						
School Citizenship (conduct, loyalty, attitude toward authority, responsibility to others)						
Popularity Among Students						
Qualities of Leadership Intellectual						
Qualities of Leadership Social						
Vitality (ability to stand up under college or business pressures)						
Commitment to the Industry						

Please return this form by **April 30, 2007**



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