

Restaurant Association Education Trust

CONTINUING EDUCATION GRANT



This Grant is for hospitality professionals who are currently employed in a New Zealand hospitality/foodservice workplace. It is intended to be used for continuing education in the area of hospitality. This may include New Zealand based or international education or training, or practical work experience that will benefit the professional and their place of work. One Scholarship of \$12,000 is available each year.

WHO IS ELIGIBLE?

A person who –

- Is a full-time hospitality/foodservice professional.
- Has not received a similar award in the past three years.

DEADLINES

All applications received must be postmarked: No later than 30th October
Award recipients announced: 30th January
All applicants will be notified by mail.

APPLICATION REQUIREMENTS

Please only include information which has been requested and secured with a paper clip. Any applications which do not meet the following criteria or are illegible will automatically be disqualified. Complete every space. Mark "N/A" if it does not apply to you. A blank space will automatically be considered an incomplete application.

Please send the following materials, postmarked no later than the deadline, to:
**Scholarships Programme Co-ordinator, Restaurant Association Education Trust,
PO Box 8287, Symonds Street. Auckland**

- The completed Scholarship Application
- A 600 word essay on the given topic (part of application).
- Details on planned continuing education.
- A copy of certificates or documentation showing any industry-related work experience or professional development over the past three years.
- Letter of recommendation from an industry colleague.
- A copy of your current C.V.
- A head and shoulders photograph of you in hospitality uniform.

THE SUCCESSFUL APPLICANT WILL:

- Complete a report on the continuing education completed and hold a workshop to be organised by the Restaurant Association within six months of their completion of the award, if requested.
- Provide proof of successful completion of continuing education to the Trust before final payment of the grant is made.

JUDGES WILL SCORE THE FOLLOWING:

- Presentation of the application
- Industry-related work experience & professional development
- Letter of recommendation & CV
- Essay on a given topic

SECTION 1

PERSONAL INFORMATION

All scholarship correspondence will be mailed or emailed.

FIRST NAME:	SURNAME:
PERMANENT ADDRESS:	
PHONE NO:	MOBILE NO:
EMAIL:	DATE OF BIRTH:

Sex: Female Male N.Z. Citizen: Yes No If not, Permanent Resident: Yes No

If not a Permanent Resident give details: _____

SECTION 2

INDUSTRY WORK EXPERIENCE/STUDY IN PAST 3 YEARS

Please list below your recent industry work experience, beginning with the most recent

COMPANY NAME, CITY	TYPE OF BUSINESS AND POSITION HELD & MAIN TASKS PERFORMED	TOTAL NUMBER OF HOURS
PHONE NO:		
PHONE NO:		
PHONE NO:		

TOTAL HOURS WORKED: _____

SECTION 3

PROFESSIONAL DEVELOPMENT IN PAST 3 YEARS

Please list below your recent professional development, beginning with the most recent

COMPANY NAME, CITY	COURSE ATTENDED / STUDY UNDERTAKEN	TOTAL NUMBER OF HOURS
PHONE NO:		
PHONE NO:		
PHONE NO:		

TOTAL HOURS WORKED: _____

SECTION 4 PAPER

Please type an essay of approx. 600 words double-spaced, and include with your application. Scholarship judges will score applications on clarity, factual content and originality. The essay subject:

PROVIDE DETAILS ON YOUR PLANNED CONTINUING EDUCATION AND SUPPLY SPECIFIC EXPLAMPLES OF HOW YOU PLAN TO UTILISE THE SKILLS LEARNT IN YOUR PLACE OF WORK.

SECTION 5 CONTINUING EDUCATION GRANT OBJECTIVES

Provide further detail on your proposed Continuing Education by completing either "A". or "B" below.

A. EDUCATION:

Name of course / study _____

Name of training provider _____

Address _____ City _____

Proposed dates of course / study From: _____ To: _____

B. WORK EXPERIENCE / TRAINING:

Prospective Employer _____

Supervisor's Name _____ Title _____

Employer's Address _____ City _____

Phone No. (____) _____ Fax No. (____) _____

Dates of Employment (mo.yr.) From: _____ To: _____ Estimated hours of work: _____

Your Prospective Job Title _____

Description of Proposed Responsibilities _____

Recreate Section 5 if education or work experience will be in more than one location.

SECTION 6 FINANCIAL INFORMATION

Expenses (State only amounts you are certain of or can reasonably estimate)

	\$
Tuition (if applicable)	
Books, Equipment (if applicable)	
Accommodation	
Airfares	
Other expenses	
TOTAL EXPENSES	
Other financial assistance applied for and amount	

SECTION 6

SIGNATURE REQUIRED

Have you ever been awarded a scholarship or grant from the Restaurant Association Education Trust or any other similar award?

Yes No

If yes, list the award(s) and year(s) _____

Please read before signing

To the best of my knowledge, I have provided the Restaurant Association Education Trust accurate information concerning all questions on this application. I agree to report to the Trust any changes which could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of all financial assistance and recall of all awards previously made by the Trust.

If I am the successful applicant I understand I will receive \$6,000.00 one month before the start of the course and the further \$6,000.00 upon successful completion of the study, training or work experience. If I am awarded this scholarship I understand I am asked to write a report and hold a seminar/workshop on my study, training or work experience (if requested).

Furthermore, if I become a scholarship recipient, I permit the Trust to list my name and hometown on its website and promotional material as part of its campaign to recognise the industry's current and future leaders.

Signature of Applicant _____ Date _____