



Your Partner in Tourism

2008 Bill Schwartz Memorial Scholarship

Dear Applicant:

The mission of the Ohio Travel Association Scholarship Grant is to foster the travel and tourism/hospitality related education of an Ohio student and thereby promote professionalism within the industry.

A \$1,000 scholarship will be granted to a qualified, full-time (12 or more credit hours) student after the completion of their freshman year (36 hours completed (quarter system)/30 hours completed (semester system) with a minimum 2.5 GPA) and is renewable for the following two years. As part of the scholarship program, the recipient will be invited to various OTA events throughout the year.

The recipient will have the option of allowing OTA to provide its members with the recipient's contact information. OTA members would then have the opportunity to offer the recipient an internship. You can simply complete the form on your computer or print it out and type in the information. General instructions are on the last page.

Applicant Name:

Social Security Number:

Current address and phone number:

Alternate address and phone number:

Name of accredited institution:

Address:

Field(s) of study:

Number of credits completed by the end of freshman year:

GPA:

List any organizations or associations that you are a member of and if you have held an office please indicate:

Have you ever been granted scholarship aid from any other source? If so, give details?

Have you reason to expect scholarship aid from any other source? If so, give details.

Do you intend to apply for financial aid at the college/university you are attending? If so, give details.

List positions held in gainful employment, dates of employment and earnings:

Are you currently working? (“working” includes any type of job whether or not you are paid, i.e.: volunteer work or work in a family business, etc.) If so, give details.

If there is other data to show financial need and why you should receive this scholarship, please list on a separate sheet.

I certify the statements on this application are true.

Signature: _____ Date:
(original signature of applicant)

Return to: Scholarship Committee, Ohio Travel Association, 130 East Chestnut Street, Suite 301, Columbus, OH 43215, with questions call 800-896-4682 or 614-572-1931.



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Ohio Travel Association Scholarship General Instructions

Application Requirements

1. *Typewritten applications are preferred and must be signed in all instances.*
2. *Letters must be originals and signed by the author.*
3. *Transcripts may be a photocopy that bears an original signature of the proper school authority.*
4. *Return to: Scholarship Committee, Ohio Travel Association, 130 East Chestnut Street, Suite 301, Columbus, Ohio 43215 by **May 30, 2008.***

Order of Enclosures

1. *Completed Application.*
2. *If applicable, separate sheet on financial need.*
3. *250 word essay double-spaced, describing professional goals and objectives.*
4. *A letter of recommendation from a travel industry professional.*
5. *A letter of recommendation from College/University Professor.*
6. *Transcript of academic record.*

With questions, please call 614-572-1931 or 800-896-4682.