



KAY ELLIS MEMORIAL SCHOLARSHIP APPLICATION

FOR TOURISM & HOSPITALITY

2 & 4 YEAR DEGREE PROGRAMS AND CERTIFICATIONS

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL _____

DATE OF BIRTH _____

NAME OF PARENT(S)/GUARDIAN(S) _____

OCCUPATION: FATHER _____ MOTHER _____

NUMBER OF BROTHERS: _____ AGE(S) _____

NUMBER OF SISTERS: _____ AGE(S) _____

NAME OF COLLEGE(S) TO WHICH YOU HAVE BEEN ACCEPTED: _____

NAME OF COLLEGE YOU PLAN TO ATTEND: _____

ESTIMATE OF COSTS FOR ONE YEAR:	
TUITION, FEES, BOOKS	_____
ROOM & BOARD	_____
TRANSPORTATION	_____
LIVING EXPENSES	_____
TOTAL FOR ONE YEAR	_____
ESTIMATED TOTAL COST OF ENTIRE SCHOOLING (2 years; 4 years etc.) _____	

APPROXIMATE AMOUNT OF MONEY YOU HAVE OR YOU MAY EXPECT TO RECEIVE FROM OTHERS:	
SAVINGS	_____
PARENTS	_____
WORK	_____
GIFTS, GRANTS	_____
SCHOLARSHIPS	_____
TOTAL	_____

ACTIVITIES AND HONORS _____

IN A SHORT PARAGRAPH, PLEASE TELL US WHY YOU SHOULD GET THIS SCHOLARSHIP.

SIGNATURE _____ DATE _____



MAKE A ONE MINUTE VIDEO OF YOURSELF, TELLING US ABOUT YOU AND YOUR GOALS IN THE TOURISM AND HOSPITALITY FIELD, AND EMAIL TO INFO@KAYELLISSCHOLARSHIP.ORG

COMPLETE THIS FORM AND EMAIL TO INFO@KAYELLISSCHOLARSHIP.ORG