## The Jacksonville Seminole Club – Jay Abraham Scholarship Fund

The Jay Abraham Scholarship Fund will offer scholarships of \$1,250 each to two (2) Hospitality Majors in the Dedman School of Hospitality for 2017. The JSC Scholarship Committee will select scholarship awardees based upon: work history in the Hospitality Industry, service to the community, service to FSU, financial need, GPA, and personal career goals as expressed in an original essay. Applicants must anticipate full-time enrollment for the fall of 2017. Scholarship funds will be disbursed after verification of full-time enrollment for the fall semester of 2017. PLEASE USE THIS FORM TO APPLY. PLEASE APPLY BY MARCH 31, 2017.

Name				
Florida State Univ	versity Student Number			
Permanent Addre	SS			
Local Address				
Local Telephone_	Email	Address		
U.S. citizen or per	manent resident of U.S.A	YesNo		
Transcript attache	ed	YesNo		
Month/Year admi	tted to FSU			<u></u>
Month/Year certif	ïed as Hospitality Major			<u></u>
Month/Year of an	ticipated graduation			<u></u>
University cumula	tive Grade Point Average			
Career goals				
Current employm	ent in the Hospitality Industry:			
Beginning Date	<b>Company Name</b>	<b>Position</b>	/Title	Total Hours Worked
Prior Hospitality l <u>Dates: From/to</u>	Industry experience or intership <u>Company Name</u>	s completed (please li <u>Position</u>		cent first): <u>Total Hours Worked</u>
Non-Hospitality In	ndustry experience (please list m <u>Company Name</u>	ost recent first):  Position	/Title	Total Hours Worked
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<b>Professional Activities:</b>			
<u>Drganization</u> <u>Member</u>		Office Held	Advisor initials
Club Managers' Association	Yes No		
Eta Sigma Delta	Yes No		
<b>Hotel Marketing Association</b>	Yes No		
<b>Professional Golf Management</b>	Yes No		
Restaurant/Lodging Association	Yes No		
Other School or Community Serv	vice Activities, Affi	liations, or Men	nberships:
Please list all scholarships previo	usly received or cu	rrently awarded	
Scholarship Name:	<u>D</u> :	ate:	Award Amount:
Please list education loans outsta	nding:		
Source:	<u>D</u> :	ate:	Amount:
Please estimate the percentage of you personally pay:		expenses (tuitio	n, books, fees) after scholarships,
Please attach a short original essa	<u>ıy</u> entitled: " <i>Hospi</i> i	tality and My Per	rsonal Career Goals"
true academic, professional, and	d financial status. point average, tra	Your signaturnscript, and kno	ication is correct and represents re authorizes the Dedman Schoom scholarship award information am scholarship award.
Applicant's signature			
Applicant's name (printed)			Date