

Steve Porter Memorial Scholarship Program

Sponsored by IHG and IAHI

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 15

| FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY | I.D. # | PD | RIC/CS | GPA | SATCR | SATM | SATW | ACTC | TOTAL |
|--|--------|----|--------|-----|-------|------|------|------|-------|
| | | | | | | | | | |

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State/Province _____ ZIP/Postal Code _____ Country _____
 Telephone (_____) _____ Email Address _____
 Soc. Sec./Natl. ID# _____ Date of Birth: Month _____ Day _____ Year _____
 Please indicate your status. (For statistical purposes only) Male Female
 American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Soc. Sec./Natl. ID# _____ Email Address _____
 Date of Hire: Month _____ Day _____ Year _____ Work Telephone (_____) _____
 Job Title _____ Department _____
 City _____ State/Province _____ Country _____
 Employment Status: IHG hotel management group IHG corporate IHG reservation center IAHI Group
Holidex Code (required for hotels only) See General Manager or HR Manager _____ Franchise: Yes No
 Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL DATA

School Name _____ Dates of Attendance: From _____ To _____
 City _____ State/Province _____ Country _____ Telephone (_____) _____
 Degree or Certificate Awarded _____ Secondary School Completion Date: Month _____ Year _____

POST-SECONDARY SCHOOL DATA

Name of college, university or other postsecondary school you plan to attend next academic year _____
 Address _____ City _____ State/Province _____ Country _____
 4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____
 Year in school next year: 1 2 3 4 5
 Date next academic year begins _____ and ends _____
 Major or course of study you plan to pursue _____ Length of program: Months _____ Years _____
 When do you expect to complete the program/graduate? _____
 What certificate/degree will you earn by that date? _____

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

U.S. APPLICANTS ONLY: ACADEMIC INFORMATION (REQUIRED)

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____
in a class of _____

| Cumulative Grade Point Average | |
|--------------------------------|------------|
| Weighted: _____ | /4.0 scale |
| Unweighted: _____ | /4.0 scale |

| SAT | | |
|------------------|------|---------|
| Critical Reading | Math | Writing |
| | | |

| ACT | | | | |
|---------|------|---------|---------|-----------|
| English | Math | Reading | Science | Composite |
| | | | | |

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

NON-U.S. APPLICANTS ONLY: ACADEMIC INFORMATION (REQUIRED)

Provide clear photocopies of the following educational documents **from the past four years:**

1. Transcript of grades (academic record) – Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken,
2. Secondary school credential/diploma/certificate if earned, and
3. Results of examinations.

English translations must be provided for all non-English documents.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application (with required **Holidex Code**)
- Current Complete Transcript(s) of Grades (academic record) and other required documents
- English translations for all non-English documents

All materials, including transcript, must be addressed to:

Steve Porter Memorial Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082 USA

Postmark deadline April 15

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____