



**GEORGIA
CHAPTER**
CLUB MANAGEMENT
ASSOCIATION OF AMERICA

GEORGIA CHAPTER STUDENT SCHOLARSHIP APPLICATION

This packet contains information on the Georgia Chapter Scholarship Program. Students and parents should read the entire document thoroughly, including the program description and general instructions for filling out the application. Here are a few reminders.

A student **must** have a cumulative 2.75 grade point average and apply on the Scholarship Application form.

Applications are available from your local Georgia Chapter Scholarship Chairperson.

Applications must be returned to your Georgia Scholarship Chairperson.

Please direct any questions to Michael Henley, Georgia Chapter Scholarship Chairman
michael@capitalcityclub.org

The deadline for submitting an application is October 1.

Write an essay of no more than 500 words and not less than 250 words. You should address the following components:

- A. Your career objectives.
- B. Your interest in club management and or the hospitality field if any
- C. Why you should be a scholarship recipient.

Along with each application the applicant must submit a copy of his/her current grades. Endorsements from an advisor/professor and a club industry professional must also be included. (Forms attached)

All applications must be typed. Points are awarded for overall presentation. Incomplete application packets will not be considered.



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GEORGIA CHAPTER STUDENT SCHOLARSHIP PROGRAM

I. PURPOSE

The purpose of the Georgia Chapter Scholarship Program is to encourage and promote the attainment of higher educational goals for a child, grandchild, stepchild or adopted child of a Georgia CMAA managed club, as well as CMAA student chapter members.

II. ELIGIBILITY

Applicants for the Georgia Chapter Scholarship Program must be currently working in a Georgia Chapter affiliated club for a minimum of one year and meet one of the following criteria:

1. **A CMAA member pursuing a four-year degree or graduate degree**
2. **A child, grandchild, stepchild, or adopted child of a GA CMAA member who is pursuing a four-year degree or graduate degree**
3. **An employee in a current CMAA club pursuing a four-year degree or graduate degree (must be currently working in a Georgia Chapter affiliated club for a minimum of one year).**
4. **A CMAA Student Chapter member pursuing a four-year degree or graduate degree.**

Additional Requirements to be eligible:

- Georgia Chapter member applicants must have completed their freshman year and will be enrolled as a full-time student
- CMAA student Chapter member applicants must have completed their sophomore year and must be a full-time student
- A student **must** have a cumulative **2.75 grade point average on a 4.0 grading scale** or the student **will not** be considered eligible for the scholarship program.

A full time student is defined as one who is taking 10 or more hours in a course of study leading to a 4 year degree at an accredited College or University located within the United States, or considered a full-time student by his/her respective institution.

The Georgia Chapter Board of Directors will review class ranking, grade point average, the applicants written essay as well as the students extracurricular activities and work experience. Distinguished honors should be noted.

III. SCHOLARSHIP

The Georgia Chapter Scholarship Program is designed to award a scholarship for undergraduate or graduate student. The amount of the scholarship is set at \$1,200, however, the Board of Directors reserves the right to vary the scholarship and the amount from year to year.

IV. SELECTION OF WINNER

Scholarship recipient will be selected on the following competitive basis using a combination of criteria.

1. Education information including transcript.
2. Extracurricular activities.
3. Employment information.
4. Club Manager recommendation form.
5. Advisor/Professor recommendation form.
6. Essay Question.
7. Overall packet presentation.

Extracurricular activities will help the Board further evaluate the candidate's interest and abilities. Contributions to the community may be demonstrated by involvement in local clubs and organizations/associations. Extracurricular activities should be documented by type and years of involvement. The number and variety will be considered by the Board of Directors.

GEORGIA CHAPTER
STUDENT SCHOLARSHIP APPLICATION FORM

Applicant's Name: _____

Address: _____

Phone: _____ Social Security #: _____

Student Identification Number (if applicable):

* * * * *

EDUCATION INFORMATION

Name and address of college/university you are currently attending:

Major:

Minor (if applicable):

What class will you be enrolled in for the current year?

What is your cumulative GPA?

When did you enter this school?

* * * * *

List other colleges/universities, vocational/technical, and any other schools or institutions you have attended:

Years Attended: _____ To _____ Graduated: (yes or no)

* * * * *

EXTRACURRICULAR ACTIVITIES

List any extracurricular activities in which you have taken part (i.e.: CMAA student chapters, hotel societies, student organizations, athletics, hobbies, etc.) Comment on any special recognition received:

Completion of this section authorizes release of information to the Georgia CMAA chapter.

Parent's Names:

Address:

Phone:

Have any members of your immediate family been employed in the private club industry?

_____ Yes _____ No

If yes, please provide the following information.

Relative's name and family relationship:

Name of Club and position:

Club address:

* * * * *

EMPLOYMENT INFORMATION

What is your present job(if applicable)?

Name and address of employer:

How long have you been employed in this position?

Have you had any employment experience in a private club? _____ Yes _____ No

If yes, please list positions held and the name of the club. Continue list on a separate sheet of paper if necessary.

Club name:

Address:

Position held:

How long were you employed at this club?

Name of the Manager during your employment?

* * * * *

ESSAY

In 500 words or less, prepare an essay stating your career objectives, your interest in the club management field and your thoughts on why you should be a scholarship recipient.

This application must be returned to:

Capital City Club
C/O Michael Henley
7 John Portman Blvd NW
Atlanta, GA 30303

Or emailed to:
michael@capitalcityclub.org

(Scholarship will be awarded at the annual installation dinner.)

Applicant's signature: _____ Date:

GEORGIA CHAPTER CLUB MANAGER RECOMMENDATION FORM

Dear Club Manager:

The student named below is applying for a scholarship from the Georgia Chapter and is seeking your recommendation as required by the Chapter's program criteria. Please use this form to give a brief endorsement. The content of the endorsement is left to your discretion, but it would be appreciated if you would cover the following points:

1. How long and under what circumstances have you known the applicant?
2. Why are you endorsing the applicant?
3. Would the applicant make a good employee, and what is his/her potential for advancement in the club field?

This endorsement is an important part of the application process and we appreciate your time in submitting this report. Please use the back of this form for your recommendation.

Please return the recommendation to the student.

SCHOLARSHIP APPLICANT'S NAME: _____

Candidate: Please print or type name here

* * * * *

Name of Club Manager:

Club Name:

Address:

Phone:

Signature of Manager: _____ Date:

GEORGIA CHAPTER

ADVISOR/PROFESSOR RECOMMENDATION FORM

Dear Professor:

The student named below is applying for a scholarship from the Georgia Chapter and is seeking your recommendation as required by the Chapter's program criteria. Please use this form to give a brief endorsement. The content of the recommendation is left to your discretion, but it would be appreciated if you would cover the following points:

1. How long and under what circumstances have you known the applicant?
2. Why are you endorsing the applicant?
3. What is the applicant's academic performance?

This recommendation is an important part of the application process and we appreciate your time in submitting this report. Please use the back of this form for your recommendation.

Please return the recommendation form to the student.

SCHOLARSHIP APPLICANT'S NAME: _____

Candidate: Please type or print name here

* * * * *

NAME OF ADVISOR/PROFESSOR:

COLLEGE OR UNIVERSITY NAME:

ADDRESS:

PHONE:

SIGNATURE OF PROFESSOR: _____ DATE: _____