

LUKE POSTOLOS SCHOLARSHIP FOUNDATION

Purpose:

The Purpose of this scholarship is to give financial assistance for up to eight semesters of college study for individuals associated with the food service industry.

Eligibility:

The recipient must:

1. Be affiliated with the SARA-San Antonio Restaurant Association (ie, a dependent, spouse, parent of employee of an active member of the association).
2. Be a High School or GED graduate.
3. Be enrolled in an accredited scholastic institution.
4. Be of good moral character including such considerations as: Integrity, Dependability, Application, Thoughtfulness and Cooperativeness with the school and fellow students.
5. Be a full time student while attending college and complete a minimum of 12 credited, degree plan semester hours.
6. Maintain a GPA of 2.5 per semester.

Scholarship value:

The value of the Luke Postolos Scholarship shall be \$ 1,000 per semester, for eight (8) semesters totaling \$ 8,000.00.

(Amount subject to change with advance notification)

TO THE STUDENT APPLICANT:

Please return the following to the address listed below:

1. Your **completed** application.
2. Letters of recommendation from one (1) Counselor, One (1) or more Teachers, and one (1) or more personal references. A minimum of three (3) letters in all is required.
3. Your High School transcript, copy of Diploma or GED Certificate.
4. He/She must demonstrate the ability to become an asset to the foodservice industry: (a) the caliber of the student's own statements on the application dealing with the philosophy of the foodservice industry will be considered. (b) the student's personal aims and goals should be consistent with this requirement. (c) the nature of the student's work history and other intuition of the board of directors derived from the application will be considered in this area.
5. A letter from you stating why you are applying for the scholarship; any plans that you may have made to attend college and something about yourself and your goals for the future.

Return all of the information not later than _____, to the following address:

**Luke Postolos Scholarship Foundation
ATTN: Steve Richmond
1009 Austin Hwy
San Antonio, TX 78209**

For questions, call 210-826-9507 and ask to speak to Steve Richmond.

Revised 9-20-07-BW

Luke Postolos Scholarship Application

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ High School now attending: _____

Age: _____ Date of Birth: _____ Soc. Sec. #: _____

Relationship to the SARA: _____

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____

If parent(s) is(are) deceased, please check: Father _____ Mother _____

Father's Name: _____

Home address (if different from above): _____

Home phone: _____ Business phone: _____

Name and address of Father's Employer or firm: _____

_____ Title/Position: _____

Mother's Name: (Ms. or Mrs.) _____

Home address (if different from above): _____

Home phone: _____ Business phone: _____

Name and address of Mother's Employer or firm: _____

Number of dependents in family (including parents and yourself): _____

Annual gross income of family: _____ Annual net income of family: _____

Amount parents will contribute to college education per year: _____

Student Profile

Name: _____

Grade Point Average: _____ Quartile in class: _____

Schools attended: High School _____

Middle _____

Elementary _____

Summary of activities: (Athletics, Student Government, Clubs, Societies, Church, etc.)

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

Elected Offices or other evidence of Leadership: _____

Summary of Honors: _____

Current Employer: _____

Number of Hours per week you work: _____

Past work history: _____
