

Questionnaire for STS Marketing College Scholarship Application 2017

Applicant Name: _____

I. Involvement with Huntsville Madison County Hospitality Association(HMCHA)

(Unless otherwise noted, responses should be based on 2016 calendar year)

A. Length of HMCHA Membership.

- _____ 1-2 Years (1 point)
- _____ 3- 6 Years (3 points)
- _____ 7 years or more (5 points)

B. HMCHA Monthly Meeting Attendance. (2 points per meeting attended) If all were attended, an additional 5 points)

- ___ January Pineapple Dinner ___ February ___ March ___ April ___ May Tourism Summit ___ June ___ July
- ___ August ___ September ___ October joint meeting with IAVM and SGMP ___ December Holiday Social ___ Bonus

C. HMCHA Committee Involvement / Board Member

List Committees of which you were a contributing and active member . List Board Member / Position(s) held during the past three years. (1 point per committee and 2 points per board / officer position held)

D. Growth of HMCHA: Did you invite a non member to a HMCHA Event / Luncheon/ Social?

- ___ Yes (5 points) ___ No (0 points)

II. Demonstrated Success of Career

A. Give a brief history of your most accomplished employment role in the Hospitality Industry. (150 word maximum)

B. Describe, in 100 words or less, your strengths and also, your perceived weaknesses and how you plan to overcome them.

C. What are your 5 year career goals?

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D. Please describe any recognition or awards you have received:

Date of Recognition	Name of Award	Source of Recognition	Description of Recognition

E. Please list all civic/community activities, clubs groups, and/or boards you have served on or been involved with in the last 3 years.

Name of Organization	Dates of Involvement	Position Held	% of Meetings Attended

F. How would you utilize the skills you learn at STS Marketing College to benefit North Alabama, greater Huntsville / Madison County area and /or your organization (if chosen)?

I, the undersigned, approve of this application for scholarship to the STS Marketing College, and will allow applicant to attend if he/she receives the scholarship. Any additional costs not outlined in application, will be the responsibility of the applicant and or their organization.

Organization Representative Signature: _____ Date: _____

I understand I am going as a representative of Huntsville/Madison County Hospitality Association and will uphold my duties as recipient of the scholarship. All information in the application is true.

Applicant Signature: _____ Date: _____

Please return this completed form along with the Application Cover to **HMCHA** PO Box 322 /Huntsville, AL 35801 or by email to info@huntsvillehospitality.org.