

SKAL Club of Guam Travel and Hospitality Scholarship

(Pease type or print clearly. Attach additional sheets if necessary.)

Part I

Student Information

Scholarship for Fall 2016 to Spring 2017 Academic Year

Name:		
Last	First	Middle
Date of Birth:/	/	Citizenship:
Mailing Address:		
E-mail Address:		Phone: (H)
		(Cell)
Did you receive a Certificat	te of Mastery? Yes_	No
 Include your caree will assist you in at Describe your active community. (i.e. Classical Attach three letters) 	PART II ring and attach to the rabout your aspirate r plans and person ttaining your goals wities you were invities, organizations s of recommendat oyer (if employed	this application: ntions in tourism and hospitality. nal goals and how this scholarship
application. I agree to acc	ept the decision o	ns, rules and regulations of this f the SKAL Club of Guam ns are due May 30, 2016, 5:00 p.m.
Signature:		Date:

Applications and attachments may be electronically sent to: kperezini@gmail.com or print copies may be delivered to Karri Perez at 10th Floor, MicroMed Office, Bayview Hotel, Tumon or left at the front desk, Attn: Karri Perez, MicroMed.