



## 2025 SCHOLARSHIP APPLICATION

**Deadline to apply: Thursday, April 17, 2025**

The Taste of Buffalo, Inc. in its continuing commitment to Western New York, is proud to offer a scholarship program for college-bound students in the eight counties of Western New York who will pursue a degree in Foodservice or the Hospitality industry such as Chef, Baking & Pastry Arts, Travel & Tourism, Hotel Management, etc. Three \$500.00 scholarships will be awarded and will be based on the criteria and terms described on the last page of this scholarship application. **Please select only one scholarship to apply for and complete this Taste of Buffalo application or the Tops Markets Scholarship application.**

### (PLEASE PRINT)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

### College/University Planning to Attend

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Have you applied for admission?  Yes  No

Have you been accepted?  Yes  No

What will be your major field of study? \_\_\_\_\_

What degree are you seeking? \_\_\_\_\_

Expected date of graduation? \_\_\_\_\_

### Current High School Attending

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BACKGROUND** (Attach additional pages if necessary)

What special recognition, awards or honors have you received?

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Are you currently receiving any scholarship awards?       Yes       No

If yes, describe: \_\_\_\_\_

Amount: \_\_\_\_\_

List any extracurricular activities in which you presently participate:

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List any community activities in which you are active:

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Please describe your career goals following your graduation:

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What kinds of contributions do you think you can make to the food service or hospitality industry?

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**WORK EXPERIENCE** (List most recent job first)

<b>Position Held</b> _____	Dates of Employment _____
Company _____	
Address _____	
City/State/Zip _____	

<b>Position Held</b> _____	Dates of Employment _____
Company _____	
Address _____	
City/State/Zip _____	

Are you planning to work part time while attending school?                       Yes                       No

If yes, number of expected work hours per week \_\_\_\_\_

Please give any additional information you feel will help the selection committee in their decision, including financial, academic, or personal information you wish to disclose.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional page, if necessary)

**ADDITIONAL REQUIREMENTS**

- **Letters of Recommendation:** Submit TWO (2) letters of recommendation. One (1) from someone who is not a relative, but who knows you and can positively recommend your work and study habits, and one (1) from your School Counselor or a Teacher.
- **Transcript/Report Card:** Submit an official current high school transcript and your most recent report card.

I hereby certify that the information in this application is true and accurate to the best of my knowledge.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Applicant)

Signature of Parent or Guardian \_\_\_\_\_

**BE SURE TO COMPLETE THE ENTIRE APPLICATION, SIGN, DATE, AND RETURN TO:**

Cheryl Goldstone  
TOB Scholarship Chair  
46 Haverford Lane  
Williamsville, NY 14221

**CHECK BELOW TO BE SURE THAT YOU ENCLOSED ALL REQUIRED ELEMENTS:**

- Application for Scholarship (this form)
- Two letters of recommendation (One personal; one from a High School Counselor or a Teacher)
- Transcript from your High School and your most recent report card

Please send this application, letters of recommendation, transcript, and report card as one complete package. An incomplete application package will not be considered.

**CRITERIA AND TERMS**

Applicants must be residents of Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus, or Allegany counties in New York State and continuing their education in an accredited two or four-year school pursuing a degree in FOOD SERVICE or HOSPITALITY curriculum such as a Chef, Baking & Pastry Arts, Travel & Tourism, Hotel Management, etc. Scholarship recipients will be selected based on achievement, experience, enthusiasm, recommendations, school/community involvement, goals, and overall interest. **Please complete either the Taste of Buffalo Scholarship or the Tops Scholarship.**

The Scholarship Committee will choose up to three scholarship recipients. Each recipient will receive a scholarship in the amount of \$500.00. **NOTE:** The TOB Scholarship is designated to be used for non-tuition college expenses, such as room/board, books, fees, etc. In order to receive the scholarship award, recipients will be required to provide proof of enrollment to the Scholarship Committee in the form of a tuition bill or a letter from the college of enrollment indicating that a tuition deposit has been paid.

The committee will choose alternates in the event that any of the recipients has a change in plans and does not enroll in a food service or hospitality program at an accredited two or four-year college or university. The scholarship recipients will be notified by e-mail and in writing no later than May 5, 2024. Scholarship recipients will be asked to sign a Publicity Release to grant permission to print their names, college plans and possible photographs on the Taste of Buffalo website and in the Taste of Buffalo festival guide distributed at the event and on tasteofbuffalo.com. Information about the recipients will also be sent as a news release to area media.

Please contact Cheryl Goldstone, Scholarship Chair, at [cherylmg46@gmail.com](mailto:cherylmg46@gmail.com) if you have any questions. Alternatively, you may contact Taste of Buffalo Event Coordinator, Connie Wendling, at 716-249-1189.

**Your completed application package must be received on or before April 17, 2025.**