CONNECTICUT TOURISM INDUSTRY SCHOLARSHIP/ GRANT APPLICATION
(PRINT CLEARLY)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **Other Phone:** _____

FAX: _____ **E-MAIL:** _____

Please complete one of the following three sections:

I. CONNECTICUT HIGH SCHOOL SENIORS:

Name of your Connecticut High School: _____

Year of Graduation: _____ **Cumulative Grade Point Average:** _____

To which accredited college or university do you plan to attend and apply your scholarship award: _____

II. ACCREDITED TWO-YEAR COLLEGE / UNIVERSITY STUDENTS:

Name of the school you are now registered _____

Year of program completion: _____
(Must be a second semester sophomore to be eligible)

Cumulative Grade Point Average: _____

To which accredited University do you plan to continue your studies and apply your scholarship award: _____

III. ACCREDITED UNIVERSITY STUDENTS:

Name of accredited University currently enrolled: _____

Current level of study: (please circle)

Freshman Sophomore Junior 1st Semester Senior 1st Year Masters

Year of completion of program: _____

Cumulative Grade Point Average: _____

FOR ALL APPLICANTS:

Please respond to the topic set forth below (based on your academic level) and write a brief essay on that topic.

The essay must be typed (double spaced) and will be judged on content, grammar, punctuation and spelling. Essays shall be no longer than 1,000 words.

HIGH SCHOOL STUDENTS:

Identify and describe an existing or potential attraction within your county and what effect it has on your community.

TWO AND FOUR YEAR PROGRAM STUDENTS:

What and why should the state do to make tourism a bigger part of our state income/employment sector?

Or

What does the State's new marketing brand, Connecticut *still revolutionary* mean to you and how would you communicate the brand to potential visitors to Connecticut.

MASTERS PROGRAM STUDENTS:

Select a tourism criterion that affects a Connecticut community in relation to tourism.

Under penalties of perjury, I declare that I have examined information contained in the application for this scholarship grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this scholarship program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Connecticut Office of Tourism's Scholarship Grant Guidelines and acknowledge my responsibility as a scholarship applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the scholarship program. I understand that should I have any questions regarding these guidelines, I may contact the Connecticut Office of Tourism. I further understand that all documents submitted become the property of Connecticut Office of Tourism.

APPLICANT'S SIGNATURE **DATE**

PLEASE SEND COMPLETED APPLICATIONS WITH LETTERS OF RECOMMENDATION AND TRANSCRIPTS TO:

Rosemary Bove
Connecticut Office of Tourism
450 Columbus Blvd., Suite 5
Hartford, CT 06103
Rosemary.Bove@ct.gov
(860) 500-2355

All applications must be received by 4pm on Thursday, March 29, 2018.
(Hand delivered or mailed) Email applications will not be accepted.