The Hotel School
Cornell
SC Johnson College of Business

Master of Management in Hospitality (MMH) Program
Need-Based Scholarship Application

Student Information:

Name: _____

          First   *Middle*   *Last (Family)*

Anticipated Start Date: August 20_ _

Citizenship: _____

All contact information should be valid through the start of your program.

Address: _____

_____

Home Country Address   _____
(International Student)

_____

Phone number(s):

_____   _____

Fax number: _____

Dependent Information:

Spouse: _____

Children's names: _____   Age: _____
                      _____   Age: _____
                      _____   Age: _____
                      _____   Age: _____

Other dependents: _____
(note relationship to you)   _____

If dependents will accompany you to the U.S., please provide the following information for each dependent. *(International Students Only)*

Family Name	First Name	Country of Birth	Country of Citizenship	Date of Birth	Relationship to you

Other Basic Information:

While I am attending the MMH program in 20_ _, my family _____will   _____will not be living in Ithaca (please check one).

My spouse _____ will _____will not be working during this time (please check one).
My spouse's salary will be $_____.

I _____do _____do not own a car. Valued at $_____
It is a _____(year)_____(make) _____(model)

Please list the same information for additional vehicles you own worth $2,000 or more:
_____(year)_____(make)_____(model)   valued at $_____
_____(year)_____(make)_____(model)   valued at $_____

I am responsible for the following ongoing medical expenses for myself or my family:
_____

These medical expenses amount to approximately $_____ per year.

I have assets of $_____that do not appear on my tax return and/or are listed through other people or in other countries.

My undergraduate education was paid for by:

Self-Support
_____% Loans _____% Work (school year and summer earnings) _____% Military
Family Support
_____% Parents/Relatives

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┌────────────────────────────────────────────────────────┐
│  Merit / National Grants                                 │
│         _____% University-based scholarships or grants │
│         _____% State, Federal or Private Grants or     │
│                   Scholarships                           │
│                                                          │
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I will receive other scholarships, fellowships, or monetary awards for 20 _ _ (year) totaling
$_____

Name of award: Award amount:
1. _____ $_____
2. _____ $_____
3. _____ $_____

I have the following unusual financial expenses or commitments for which I will be responsible in 20_ _ (year):

_____

_____

☐ I have enclosed my original Student Aid Report (SAR). *For domestic students.*

The following section applies to international students only:

Financial Certification: Please provide the information below for each source of funding for your graduate studies.

Family members and/or personal sponsors: The section below must be completed for each person who will be providing financial support for your studies at Cornell University. Each person should provide you with current official bank statements of his/her account(s), showing that the funding indicated below is available. The current bank statement(s) and this completed form should be returned to the address and/or e-mail below.

On the lines below, print the name of each person and the total amount provided to you in U.S. dollars. Each person must sign his/her name to indicate responsibility for providing the funding indicated. Please note that currently registered students at any university cannot sponsor other students.

Name	Signature	Relationship to Student	Amount Provided
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach current official bank statements for each person listed above. All current bank statements must be in English and must clearly state which currency is being used.

As part of our evaluation process, we may request to see your Declaration of Finances when we review your need-based scholarship application.

Your own personal accounts: If you will be providing your own funding for your graduate studies, you must provide current bank statements from your account(s). Please sign below to indicate that you will be responsible for supporting your graduate studies from your own resources.

Student's Signature: _____   *U.S. Dollar Amount $_____*

All applicants: *I certify that the above information is true and correct to the best of my knowledge. I realize that submitting false information, as well as not notifying the Hotel School's MMH Program of any changes in my financial circumstances, constitutes fraud and may result in the cancellation of any Need-Based MMH scholarship that I am awarded.*

_____   _____

Signature   *Date*

Please return completed application and supplemental documents by the given deadline on our website.

Materials may be submitted via email: mmh@sha.cornell.edu

The information you have provided herein will be kept strictly confidential.