



## PMVB Scholarship Application

### Qualifications:

1. Applicant is in their senior year of study and has prior work or volunteer experience for a local company in the for- or non-profit sector.
2. Applicant must be accepted for admission to either a two- or four- year college.
3. Applicant's major should be in an area, such as business or design, that would support hospitality, tourism or recreation.

**Amount:** \$500 to \$1,000 will be paid to the recipient's college after completion of first semester. The payment is to be applied to second semester tuition. The College or University must send invoice for payment to:

**PMVB - Accounts Payable**  
**1004 West Main Street**  
**Stroudsburg, PA 18360**  
**Email: [AP@poconos.org](mailto:AP@poconos.org)**

**Submission deadline is April 30th. Be sure to include the following in order to qualify:**

- \_\_\_ **Completed PMVB Scholarship Application**
- \_\_\_ **Narrative (100+ words on how your degree would support hospitality/tourism)**
- \_\_\_ **Letter of Recommendation from current or former employer**
- \_\_\_ **High School Transcript**

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

City State Zip

**Education:**

Name of School (s)	Attended Dates		Grade Average
	From:	To:	

**Leadership or Honors Received:**

**Community Interests & Services:**

**Personal Interests & Extra-Curricular Activities:**

Organization/Description	Grade	Year

**Work or Volunteer Experience in for- or non-profit sector:**

Company	Position	Dates	

**References: Please provide three non-relative references.**

Name	Title	Email	Phone #

**Narrative:** Please attach to this application a statement (100 words minimum) explaining how your career would benefit and influence the hospitality and tourism industry.

List College(s) or University(s) from which you have received acceptance from and desired area of study:

**My signature below certifies that to the best of my knowledge and belief, all information provided herein is complete and true.**

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date**

This application must be accompanied by a transcript of your secondary school record, a narrative and a letter of recommendation from your current or former employer.

**Send completed application, along with narrative, high school transcript and letter of recommendation by either postal service or email to:**

**PMVB  
Attn: Scholarship Program  
1004 West Main Street  
Stroudsburg, PA 18360**

**Email: [Scholarships@poconos.org](mailto:Scholarships@poconos.org) Phone: 570-421-5791 Fax: 570-421-6927**