

The Ohio Hotel & Lodging Association Education & Training Fund (ETF) is open to qualified sales personnel attending the specific HSMAI SALES TRACK at the Annual Conference as an *Additional Attendee* from their property. Nothing in this application requires the awarding of any education or training dollars.

* To be considered for funds, you must be an employee at a current OHLA Member property before submitting an application. A Sales Manager, Director of Sales or equivalent must be registered for the conference from the same property.
* The funds must be used for HSMAI SALES TRACK sessions listed during the 2018 OHLA Annual Conference. *Bring a recent RFP* to the Writing a Winning RFP session.
* Qualifying positions include: Sales Coordinator; Sales Assistant; Group Rooms Coordinator; Catering & Events Assistant/Coordinator
* Maximum of two scholarship earning additional attendees per property.

**Application Process**

The following material must be submitted to the committee:

A) A completed and signed ETF application.

Only complete applications will be considered.

B) An essay of no more than 500 words describing why you would like to attend the HSMAI SALES TRACK sessions at Ohio Hotel & Lodging Association’s Annual Conference and how you will prepare.

Include answers to the following questions:

* What are your career goals?
* How will this program help you to achieve your career objectives and future goals?
* What suggestions do you have for Sales Topics at future conference?

**Deadline for 2018 Annual Conference HSMAI SALES TRACK Scholarship Application**  
**Monday, October 22, 2018, 5 pm**

**Email to** [cindy@ohla.org](mailto:cindy@ohla.org)

**FOR OFFICE USE ONLY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Items received:** Properly completed application: \_\_\_\_\_ Applicant letter: \_\_\_\_\_

Date Received OK’d\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Signature: \_\_\_\_\_\_ Course cost: \_\_\_\_\_

**Circle one: OK to submit/ Return to applicant**

**OHLA HSMAI SALES TRACK Education & Training Fund Application**

Eligibility Guidelines for 2018 Annual Conference **on Tuesday, November 20**

**­­­­**

**SECTION 1: PERSONAL INFORMATION**

(Please print or type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (first, last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address

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

W Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address

**SECTION 2: CONFERENCE/SALES TRACK REQUEST**

Note: You must be current employee at a member property of the Ohio Hotel & Lodging Association

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer

Full Registrant’ Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

$ 229\_ $ \_\_\_\_\_

Cost of Additional Attendee Dollars requested

**SECTION 3: Applicant Confirmation**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information I have given on this form. OHLA reserves the right to randomly audit the applications and request official documentation. In the event that I do not provide this documentation or it does not support the information provided in the application, I acknowledge that the scholarship could be revoked, in which case a full payment would be expected of the conference fee requested by the employee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**SECTION 4: Applicant Confirmation**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information I have given on this form. OH&LA reserves the right to randomly audit the applications and request official documentation. In the event that I do not provide this documentation or it does not support the information provided in the application, I acknowledge that the scholarship could be revoked, in which case any monies must be returned to OH&LA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GM Signature Date

**Have you previously received an OH&LA Scholarship? \_\_\_\_\_\_\_\_**

If so when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of institution/organization to be paid:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attention

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Nothing in this application requires the awarding of any education or training dollars. That decision is at the sole discretion of the OH&LA Education and Training Fund Committee. The amount of education and training dollars available in any year is based on financial considerations and economic conditions.

