



CSRA
Council of State Restaurant Associations

CSRA Scholarship Application Form

Name: _____

State Restaurant Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Amount Requested: _____

Please briefly explain what scholarship will be used for: _____

Completed application should be submitted to:

Suzanne Bohle
Council of State Restaurant Associations

Email: sbohle@staterestaurantassociations.org