



SCHOLARSHIP APPLICATION 2017
LES DAMES D'ESCOFFIER INTERNATIONAL
HOUSTON CHAPTER

PART ONE

1. Personal data

Name: _____
 First Middle Last

Social security number (required by school): _____

Date of birth: _____

Address: _____

Telephone: _____
 Cell home

Email address: _____

2. Education

A. List all schools, colleges or universities attended or attending, with most recent first. Include high school and subsequent schools. Please indicate if you participated in a high school culinary program. Diploma, Certificate or Degree students may apply. *Include transcripts with application.* GPA must be based on a 4.0 system or converted to one. A current minimum GPA of 2.5 is required to qualify for a scholarship.

| DATES | SCHOOL & LOCATION | GPA |
|-------|-------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. If you are currently enrolled in a food, nutrition, or culinary program, list expected date of completion/graduation. Completion of two full semesters in one of the above programs is required.

Name of institution: _____

Full time _____ Part time _____ Date started: _____

Expected date of completion: _____

3. Work Experience:

Include any businesses you have staged or interned at. You may attach a professional resume to this application.

| Job title | Employer & Location | Start Date/End Date |
|-----------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. How much are your anticipated yearly tuition expenses? Is your tuition covered by federal student grants, loans or self-pay?

8. Please describe your ability and willingness to participate in the community endeavors of the Houston chapter of Les Dames d'Escoffier International. Are you available to attend an awards reception to accept this scholarship?

9. References:

Please provide the names, addresses, email addresses and phone numbers of at least three references. At least one reference should be a professional reference, if possible.

1. _____

2. _____

3. _____

10. Submit two letters of recommendation with this application, one should be professional, if applicable.

11. Please supply the full name and mailing address of the financial office to whom the scholarship check should be sent.

Institution: _____

Attn: _____

Mailing address: _____

Applications must be postmarked before JULY 1, 2017 to be considered.

Please submit the application in writing to:

**Les Dames d'Escoffier International, Houston Chapter
Attn: SCHOLARSHIP COMMITTEE
C / O Andrea Huerta
4106 LAKE FALLS CT
HOUSTON, TX 77059**

Contact:

**Andrea Huerta
713-540-0601
andrea.huerta@sjcd.edu**

**Melissa Menendez
713-574-0615
mmenendez@houstonracquetclub.com**

**Did you remember to enclose two letters of recommendation?
Did you remember to submit transcripts?
Please fill out all 6 pages; only complete applications will be accepted.
Incomplete applications will be automatically disqualified.
Note: a personal interview may be required.**