

Scholarship Application Les Dames d'Escoffier International Austin Chapter

Dear Scholarship Applicant,

The Austin Chapter of Les Dames d'Escoffier International offers scholarships for women who are pursuing full-time culinary coursework in a culinary arts program for professional development. The amount given for each scholarship is \$1,000. Three scholarships will be awarded. The applicant must have completed at least 20 credit hours, have a G.P.A. of 3.5 or higher, and be enrolled currently in a certificate or associate's degree program in culinary arts, baking and pastry, or hospitality and restaurant management. Scholarships are awarded based on academic accomplishments, references, financial need, goals, aspirations, initiative, and culinary-related experience.

LDEI is an international organization of women leaders who create a supportive culture in their communities to achieve excellence in the food, beverage, and hospitality professions. To do this, members in our chapters provide leadership, educational opportunities and host philanthropic events within their communities.

Before you apply, please consider the following:

- Scholarship funds may be used for tuition or program fees only. Checks will be issued directly to institutions. Funds may not be applied to living expenses.
- Letters of reference must be attached to the application. Please do not attach unrequested materials such as photographs, clippings or brochures.
- Applications must be postmarked by March 15, 2011. Late applications not considered.

Please send your completed application to:

Scholarship Committee Les Dames d'Escoffier PO Box 9141 Austin, TX 78766

Section 1: Personal Information

First name	Last	Middle initial
Home address		
City	State	Zip
Home phone ()	Email	
Section 2: Current Edibe used.	ucation Culinary scho	ool for which this scholarship would
Educational Institution		
Address		
City	State	Zip
Dates attended	Date	of Graduation
Degree to be earned and cur Current GPA		
Section 3: Educational	Background	
Educational Institution		
City	State	Zip
Dates attended	udy	GPA
(If applicable) Educational I	nstitution	
City	State	Zip
		GPA
(If applicable) Educational In	nstitution	
City	State	Zip
Dates Attended	udv	GPA

Section 4: Current Employment

Address			
City	State	Zip	
Phone number ()		
Job title			
Name/Title/Phone	e number of immediate supervisor_		
Section 5: Past	t Industry Experience (if app	olicable)	
Organization			
Address			
City	State	Zip	
Phone number ()		
)		
Job title			
Job titleName/Title/Phone	e number of immediate supervisor_		
Job title Name/Title/Phone Organization	e number of immediate supervisor_		
Job title Name/Title/Phone Organization	e number of immediate supervisor_		
Job title Name/Title/Phone Organization Address	e number of immediate supervisor_		
Job title Name/Title/Phone Organization Address City	e number of immediate supervisor_	Zip	
Job title Name/Title/Phone Organization Address City Phone number (e number of immediate supervisor	Zip	

Section 6: Community Service Please list any volunteer and/or extra-curricular activities you engaged in during the past two years, including your title or position. Briefly describe your responsibilities. Included and approximate number of hours worked.
Section 7: Certifications, Awards, Recognitions and Honorary Societies Please list any certifications you have earned, awards and recognitions you have won, and honorary societies you are a member of. Include the corresponding dates.

Section 7: Essay

Write a one-page response (typed, double spaced) to the following question. Please use a separate sheet of paper.

What are your intermediate and long-term goals for your professional career?

Section 8: Career References

Austin, TX 78766

Two letters of career recommendation must accompany this application. Career references should be on business letterhead and written by persons other than relatives. If possible, career references should be closely associated with your professional culinary career or with your education. Please note: current members of Les Dames d'Escoffier may not write recommendations.

Name
Title
Company
Length of Acquaintance
Address
Telephone
Email Address
Nama
Name
Title
CompanyLength of Acquaintance
Address_
Telephone
Email Address
Section 9: Financial Aid Release Student Name
Student I.D.#
I authorize
(Name of Educational Institution)
to release any and all of my financial aid records to:
Scholarship Committee
Les Dames d'Escoffier
PO Box 9141
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for use in determining my eligibility for a LDEI scholarship. I understand that I will be responsible for any cost associated with sending this information. In addition, I understand that I will be responsible for the submission of this completed form prior to the March 15, 2011 deadline.

Applicar	nt's Signature		
Date			
	Educational	Institutio	n Information
	tion and attach this cor		fice (FAO) supply the following orm to your scholarship
Estimate of schoo		Cur	rent aid available
\$ \$ \$	Tuition and fees Books and supplice Food Transportation Miscellaneous Personal Housing	es \$ \$ \$ \$ \$	PELL Stafford School-based PLUS/SLS Family Contribution Student Contribution Other—please
\$	Total	\$	Total
FAO pro	inted/typed name:		anation I have provided in this
Applicar	nt's Signature		Date