

**Les Dames d'Escoffier -- Washington, DC Chapter
Scholarship Application - 2009**



Dear Scholarship Applicant:

We are pleased you are interested in applying for a scholarship from the Washington, DC Chapter of Les Dames d'Escoffier. Scholarships are awarded based on financial need, academic accomplishments, references, goals, aspirations, initiative and culinary-related experience. Following are instructions for filling out your application and an application form.

Before you apply, please consider the following:

- ❖ You must be a female resident of the Washington, DC area (defined as that area within a 50-mile radius of the city). You may already be enrolled in a school or culinary program and living outside the area during the school term.
- ❖ You must have an application pending with, or already be enrolled in, a culinary, wine or hospitality program.
- ❖ Scholarship funds may be used for tuition or program fees only. Checks will be issued only to the institution, and not to any individual, for such tuition and program fees. Funds may not be applied to living expenses.
- ❖ Scholarship funds must be used between July 1 and June 30, beginning in the calendar year of the award, for direct tuition or program fees charged during that time period.
- ❖ Your application must be e-mailed or postmarked by 12:00 midnight on May 15, 2009. Late applications will not be considered.
- ❖ Your application may be typed or handwritten, but it must be clean and legible or it will be disqualified.
- ❖ Your application may be submitted via email. Please copy/scan your completed application, recommendation letters and any other supporting documents into a .PDF file and send as an e-mail attachment.
- ❖ All required materials must be included with the application and received by the deadline. Letters of recommendation must be included with the application. Do not include additional materials, such as photographs, clippings, or brochures, which are not required.
- ❖ Your application must be signed.
- ❖ A \$20 non-refundable processing fee must be submitted with the application via check or money order made payable to Les Dames d'Escoffier. E-mailed applications will receive an acknowledgment of receipt and a request for credit card information to cover the processing fee.
- ❖ Receipt of application will be acknowledged by e-mail. If a hard-copy acknowledgement is preferred, please include a self-addressed, stamped postcard with your application.
- ❖ As part of the application process, the Scholarship Committee may request an interview with you to be conducted either in person or by telephone.



PLEASE PRINT OR TYPE THE FOLLOWING REQUESTED INFORMATION:

LAST NAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER

CURRENT STREET ADDRESS

CITY STATE ZIP CODE

E-MAIL ADDRESS CURRENT TELEPHONE

PERMANENT STREET ADDRESS

CITY STATE ZIP CODE

PERMANENT PHONE NUMBER

Have you been accepted to attend, or are you currently enrolled in, a food, wine, hospitality or related program? YES NO

INSTITUTION AND PROGRAM NAME

INSTITUTION ADDRESS

INSTITUTION PHONE NUMBER

- Is the school/program:
- a non-profit 501(c)(3)?
 - a not-for-profit non-501(c)(3)?
 - a for-profit?



Do you have applications pending for other food, wine, hospitality or related programs?
 YES NO

List programs and indicate when you will be notified of acceptance or rejection:

List all scholarships and/or grants you currently hold:

List all other scholarships and/or grants for which you have applied:

If you have completed any type of food, wine, hospitality or related apprenticeship or training program, or are in the process of completing such a program now, please describe the length and type of training you have received (use additional pages, if necessary):



Educational Record

Begin with most recent dates and list degrees/diplomas/certificates, schools attended, programs completed.

Employment Record

Begin with most recent dates and list position, employer, address, telephone number, starting/ending dates.

Goals, Experience and Financial Need

Write no more than a 250-word response to each of the following three questions:

1. Why have you chosen to study for a career in food, wine and/or hospitality, and what do you hope to accomplish in your chosen career?
2. These scholarships are evaluated according to qualifications, motivation and need. What is your situation?
3. Describe an especially memorable culinary experience.



Please read these questions carefully and answer those pertinent to your situation.

Financial Statement

1. Did you or will you live with a parent or guardian during:
LAST YEAR - YES NO
THIS YEAR - YES NO
NEXT YEAR - YES NO

2. Are you or will you be listed as an exemption on a parent or guardian's tax return?
LAST YEAR - YES NO
THIS YEAR - YES NO
NEXT YEAR - YES NO

3. Did you or will you receive assistance worth more than \$1,500 from a parent or guardian?
LAST YEAR - YES NO
THIS YEAR - YES NO
NEXT YEAR - YES NO

Parent or Guardian Financial Statement

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

OCCUPATION

TOTAL ANNUAL INCOME FATHER/MOTHER/GUARDIAN

MONTHLY RENT OR MORTGAGE PAYMENT

NUMBER OF DEPENDENTS



References

Two letters of career recommendation and two letters of personal 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 either career or personal recommendations.

Career References (2):

NAME

POSITION / TITLE

COMPANY

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE

LENGTH OF ACQUAINTANCE

NAME

POSITION / TITLE

COMPANY

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE

LENGTH OF ACQUAINTANCE



Personal References (2):

NAME

POSITION / TITLE

COMPANY

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE

LENGTH OF ACQUAINTANCE

NAME

POSITION / TITLE

COMPANY

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE

LENGTH OF ACQUAINTANCE



Application Checklist:

- Application Form, completed, signed and dated. Please remember that a signature is required below, as well as at the end of the financial disclosure section.
- Three Essays.
- Four Letters of Recommendation.
- A non-refundable application processing fee of \$20. Checks or money orders should be made payable to Les Dames d'Escoffier, Washington, DC Chapter. Applicants submitting via email will be requested for credit card information to cover the processing fee.
- If you prefer to receive notification of receipt of application via US Mail, also include a self-addressed, stamped postcard.

Return your fully completed application:

Via US Mail to:

**Anna Saint John
Les Dames d'Escoffier -- Washington DC Chapter
Scholarship Committee
11307 Elkin Street
Wheaton, Maryland 20902-4609**

Via E-mail to:

**foodwinematch@aol.com and to
info@lesdamesdc.org**

DEADLINE FOR APPLICATION IS MIDNIGHT MAY 15, 2009

Signature

To the best of my knowledge, all the information I have provided in the application is accurate and true.

APPLICANT'S SIGNATURE

DATE