

I understand that I may be asked to disclose income statements/tax returns to verify financial information* as needed. I certify that I have read this financial portion of the application and that it is accurate and complete to the best of my knowledge.

APPLICANT’S STATEMENT OF VERIFICATION

I, the undersigned applicant, pledge that the information submitted in this application is true and correct to the best of my knowledge. I grant permission to contact the references and schools I have designated for information. In addition, I understand that should I receive a scholarship from Les Dames d’Escoffier DC, I will provide a photo and agree to unlimited use of information relating to receipt of this award for use in press releases and other public relations by Les Dames d’Escoffier International and the DC Chapter.

Signature(s)

APPLICANT (Print Name)

APPLICANT Signature

DATE

PARENT/GUARDIAN (Print Name)

PARENT/GUARDIAN Signature

DATE

***All financial information submitted to Les Dames d’Escoffier will remain confidential.**

Please mail completed application with attachments and a check for the \$10.00 application fee made payable to Les Dames d’Escoffier DC to:

**Les Dames d’Escoffier, Washington DC Chapter
Attn: Scholarship Committee
Post Office Box 1617
Washington, DC 20013**

Or Email to: nonanp@comcast.net