



Les Dames d'Escoffier Chicago Chapter – 2023 Scholarships

SCHOLARSHIP CRITERIA

- Women pursuing a career in the food, nutrition, wine, culinary or hospitality
- Currently attending a full-time academic program that results in a degree or certificate from any Illinois higher education institution with a hospitality or culinary program.
- Demonstrates financial need.
- Academics: High cumulative grade point average, class participation, strength of recommendation letter.
- Involvement in special events, community service.

SCHOLARSHIP PROGRAM TIMELINE:

January 25 – March 1	APPLICATIONS ACCEPTED (March 1, 2023 deadline)
March 2 – April 1	SCREENING, FINALIST INTERVIEWS, FINAL SELECTIONS
April 15	SCHOLARSHIPS ANNOUNCED

APPLICANT CHECKLIST

____ Completed application turned into your school scholarship representative who will email as a word document to scholarships@lesdameschicago.org.

____ One letter of recommendation from an instructor.

____ A current transcript or current grade report(s) to date.

All paperwork must be attached with your name and school on each page. Return the completed application as one PDF document to your school contact to be approved and submitted before March 1, 2023. Incomplete applications will not be considered for scholarship awards. The application should be submitted by the same contact to scholarships@lesdameschicago.org.



SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name of Applicant: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Day Phone (____) _____ Evening or Cell: (____) _____

E-mail _____

Are you a full-time culinary arts student currently enrolled at an accredited culinary/hospitality school in Illinois? ___Yes ___No ___Part time

School you currently attend _____

Program enrolled in _____ Anticipated graduation date _____

Plans after graduation _____

Name of current instructor _____ Course _____

Other reference at your school _____ Position _____

If you are a dependent of your parents, complete the following information:

Name of Parent(s): Mother: _____

Father: _____

Home Address, if different: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Day Phone (____) _____ Evening or cell: (____) _____

Total Household Annual Income: \$ _____

If you are independent, complete the following information:

Marital Status: _____ Number of Dependents: _____

Spouse's Occupation: _____ Spouse's Annual Income: \$ _____

Total Household Annual Income: \$ _____

All of the above information is for the sole use of the Scholarship Committee and will not be given to any outside parties for any reason whatsoever without the applicants written permission. Make a copy for your records.

Name: _____

School: _____

Why is this scholarship critical for you to advance your career?

Please tell us about yourself by addressing the bullet points below. Please submit as a word document (no longer than 1,000 words) along with this application.

- How has your culinary journey influenced your career decision? Please use meaningful achievements as examples.

- As a woman, what impact might you have on the food industry?

- Please tell us about your involvement in special culinary or community activities.

APPLICANTS 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 my reference and instructor(s) at my school for information about my work performance and potential. In addition, I understand that, should I receive a merit scholarship, I will provide a photo as requested for use in press releases and other public relations that relate to the school I attend and Les Dames d'Escoffier.

SIGNATURE OF APPLICANT:

DATE: ____/____/____

All paperwork must be attached with your name and school on each page. Return the completed application to your school contact, to be approved and submitted before March 1, 2023. If you do not have a school contact, e-mail the completed application to scholarships@lesdameschicago.org.