

**Scholarship Application**

SCHEDULE H FORM 1023 1a  
Culinary Endowment & Scholarship Inc.  
Please return to Marie LeNotre  
7070 Allensby  
Houston, TX 77022-4322

**The scholarship must be used within six months of the award and may apply to tuition only. Such scholarship awards are applicable only to *“hands-on”* culinary education at schools located in Harris County that deliver diplomas and are licensed by Texas Workforce Commission. Scholarship Applications interview dates are:**

**January 20th, April 20th, September 20th, November 20th**

1. All applicants must provide a complete application with the following documents:
   1. Application form
   2. Typed 2 Page essay (double spaced) answering the following questions:
      1. Why are you seeking financial assistance
      2. Why should you receive a tuition scholarship
      3. What are your professional plans
   3. 2 letters of **professional reference on business letterhead** attached to reference questionnaire
   4. A copy of driver’s license and social security card
   5. High School diploma or GED

**Additional Guidelines:**

1. Annual income must be below $65,000
   1. Additional consideration given to applicants with dependents
2. Minimum 6 months experience (volunteer or paid) in the foodservice industry
3. Must hold a GPA of 2.5 or higher at the time of submission
4. Not eligible to apply while on Leave of Absence or on Final Term
5. Application should preferable be typed online
6. All completed applications must be turned in two weeks prior to the interview dates
7. Interview with an officer of the Culinary Endowment & Scholarship, Inc. will be scheduled once the documents have been received and approved for submission by the Financial Aid department

**Nature and Amount of Scholarship**

The scholarship is based upon applicant’s financial need.

**Incomplete scholarship applications will not be considered.**

Culinary Candidate Information

Date:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: M.I.:\_\_\_\_

Street Address: House or Apartment #:

City: State: Country: Postal Code:

Birth Date: / /

Home Telephone: Work Telephone:

Cell Phone: E-Mail Address:

Program(s) You Plan to Attend:

Expected Start Date: Expected Completion Date:

Do you qualify for any grants or need based aid? Yes ⬜ No ⬜ Don’t Know ⬜

Have you ever been convicted of a felony? Yes ⬜ No ⬜

If yes, please describe the charges: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A yes will not automatically disqualify you from scholarship eligibility; however, failure to disclose felony convictions will result in termination or denial of scholarship award.

Education Reference (Highest level of completion)

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

City: State: Country: Postal Code:

Diploma or Degree earned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Information

Are you currently employed? Full Time ⬜ Part Time ⬜

Employer: Telephone:

Approximate Monthly Income: Additional Income?

Does a parent, relative, or other person currently support you? Yes ⬜ No ⬜ *(If yes, supporting documentation is encouraged)*

Do you have any student loans?

Have you applied for other scholarships?

If yes, describe the nature and amount:

How do you plan to pay for school?

General Work Experience (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Organization and Phone Number** | **Duties or Position** | **Supervisor** | **May we**  **contact?** |
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Culinary Work Experience (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Organization and Phone Number** | **Duties or Position** | **Supervisor** | **May we contact?** |
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I authorize the Culinary Endowment and Scholarship, Inc. to call, write or otherwise investigate the information provided in this application. I affirm I have fully disclosed all required information and the above information to be true and correct to the best of my knowledge. Falsifying information on this document may result in the dismissal of the application as well as forfeiture and revocation of any monies awarded.

Applicant Signature: Date

**Gaston LeNôtre Scholarship**

**Reference Questionnaire**

**Must be attached to professional letter of recommendation on business letterhead**

❶Please fill out the following questionnaire:

Applicant’s Name:

Your Name:

Business Title:

Mailing Address

City, State & Zip:

Telephone:

E-Mail:

May we call if we need additional information? ⬜ Yes ⬜ No

What is your relationship to the applicant?

(no family members or friends)

➋Please evaluate the following skills/traits of the applicant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Good** | **Average** | **Fair** | **Poor** | **Don’t Know** |
| Attentiveness |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Knowledge of Cooking |  |  |  |  |  |  |
| Knowledge of Food |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Math Skills |  |  |  |  |  |  |
| Memorization |  |  |  |  |  |  |
| Neatness |  |  |  |  |  |  |
| Organization |  |  |  |  |  |  |
| Passion for Cooking |  |  |  |  |  |  |
| Planning |  |  |  |  |  |  |
| Reaction Under Pressure |  |  |  |  |  |  |
| Responsibility |  |  |  |  |  |  |
| Safe Work Habits |  |  |  |  |  |  |
| Stamina |  |  |  |  |  |  |
| Study Skills |  |  |  |  |  |  |

How do you rate the applicant’s potential to succeed? ⬜ High ⬜ Moderate ⬜ Low

**Gaston LeNôtre Scholarship**

**Reference Questionnaire**

**Must be attached to professional letter of recommendation on business letterhead**

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Applicant’s Name:

Your Name:

Business Title:

Mailing Address

City, State & Zip:

Telephone:

E-Mail:

May we call if we need additional information? ⬜ Yes ⬜ No

What is your relationship to the applicant?

(no family members or friends)

➋Please evaluate the following skills/traits of the applicant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Good** | **Average** | **Fair** | **Poor** | **Don’t Know** |
| Attentiveness |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Knowledge of Cooking |  |  |  |  |  |  |
| Knowledge of Food |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Math Skills |  |  |  |  |  |  |
| Memorization |  |  |  |  |  |  |
| Neatness |  |  |  |  |  |  |
| Organization |  |  |  |  |  |  |
| Passion for Cooking |  |  |  |  |  |  |
| Planning |  |  |  |  |  |  |
| Reaction Under Pressure |  |  |  |  |  |  |
| Responsibility |  |  |  |  |  |  |
| Safe Work Habits |  |  |  |  |  |  |
| Stamina |  |  |  |  |  |  |
| Study Skills |  |  |  |  |  |  |

How do you rate the applicant’s potential to succeed? ⬜ High ⬜ Moderate ⬜ Low