SCHOLARSHIP APPLICATION - 2017 LES DAMES D'ESCOFFIER INTERNATIONAL SAN ANTONIO CHAPTER

| Name: | | | |
|--|--|--|--|
| | Last | First | Middle |
| Social Secu | ırity Number (required by | college): | |
| Address: | | | |
| Геlephone | (s): | | |
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| 2. Educatio A. L Include hi | on .ist all schools, colleges or gh school and subsequen | r universities attended or t schools.) Include transc | ripts with application. G |
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| B. If currently enrolle completion/graduat | | ition or culinary program, | list expected date of |
|---|--------------------|---|------------------------|
| | | | |
| Full Time: Par | t Time: Ex | pected Date of Completio | n: |
| intend to apply for t | he 2017 – 2018 s | orogram, please list where scholastic year. | |
| 2 | | | |
| 3. Work Experience: | | | |
| Job Title | Employ | ver & Location | Date |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Community Service: Please list any volun | teer and/or extra | a-curricular activities enga | ged in during the past |
| two years, including | your title or posi | ition. Describe your dutie eparate page if necessary. | |
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| PART | TWO |
|-------------|--------|
| PANI | 1 44 0 |

| Please respond to each | of the following | questions in 100 | words or less. |
|------------------------|------------------|------------------|----------------|
|------------------------|------------------|------------------|----------------|

1. Career Goals: State professional aspirations.

2. Please give us your thoughts regarding "sustainability" in the world today. Is this important to you? If, so, why? How do you contribute to the community in a sustainable way?

3. Financial: Describe your personal financial resources, including anticipated tuition, fees, other expenses and your ability to work; include any special circumstances.

| rs | sonal: | | | |
|----|---|------------------|------------------------|---------|
| | A. Please describe your ability and willingrendeavors of the San Antonio chapter of L | | | • |
| | | | | |
| | B. Please give your personal reasons for ap | oplying for this | scholarship. | |
| | | | | |
| | C. Please provide the name, addresses and references. | d phone numbe | ers of three personal | |
| | | | | |
| | D. Please submit two letters of recommen | dation with thi | s application. | |
| | E. Please give the <u>full name and complete</u> scholarship check should be sent. | address of the | financial office to wl | nom the |
| | Full Name | | | |
| | | | | |

DEADLINE for Submission - APRIL 15, 2017
Please submit application in writing to:
Les Dames d'Escoffier San Antonio Chapter
P.O. Box 15302
San Antonio, Texas 78212

CONTACT:

Diana Barrios Trevino 210-771-7011 Dianabarriostrevino@gmail.com

IMPORTANT!

- Did you remember to enclose two letters of recommendation?
- Did you remember to submit your transcripts?

Only completed applications will be accepted. Incomplete applications will be automatically disqualified.