



Gaston LeNôtre Scholarship

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:
 - a. Application form
 - b. Typed 2 Page essay (double spaced) answering the following questions:
 - i. Why are you seeking financial assistance
 - ii. Why should you receive a tuition scholarship
 - iii. What are your professional plans
 - c. 2 letters of **professional reference on business letterhead** attached to reference questionnaire
 - d. A copy of driver’s license
 - e. High School diploma or GED

Additional Guidelines:

1. Associate Degree students may apply twice during their enrollment and Diploma students may apply once.
2. Annual income must be below \$65,000
 - a. Additional consideration given to applicants with dependents
3. Minimum 6 months experience (volunteer or paid) in the foodservice industry
4. Must hold a GPA of 2.5 or higher at the time of submission
5. Not eligible to apply while on Leave of Absence or on Final Term
6. Application should preferably be typed
7. A pledge by applicants to share yearly the progress in their career
8. Two additional contacts who could be reached by phone and email in case you become unreachable. (To be verified)
9. All completed applications must be turned in two weeks prior to the interview dates
10. 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: _____

In case we aren't able to reach you, please provide 2 (two) additional contacts:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

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)

Date	Organization and Phone Number	Duties or Position	Supervisor	May we contact?

Culinary Work Experience (most recent first)

Date	Organization and Phone Number	Duties or Position	Supervisor	May we contact?

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

1 Please 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)

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

	Superior	Good	Average	Fair	Poor	Don't Know
Attentiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passion for Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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