

St. Louis Chefs De Cuisine Education Foundation

Scholarship Application

Name



St. Louis Chefs de Cuisine Education Foundation Scholarship Guidelines

Application must be requested in writing from address below.

Applicant must be enrolled in a post secondary culinary arts program and demonstrate a desire to continue studies in the field of foodservice and/or hospitality with an emphasis in cooking, baking or food and beverage.

The scholarship committee should interview all applicants, in person.

Applicant shall have completed one semester in the culinary program prior to date of scholarship application.

Applicants who are currently receiving financial aid, including other scholarships, will be considered on the basis of:

- Real financial need necessary to complete work already begun.
- Course-work completed and an endorsement by culinary program or school officials.
- Other pertinent facts or circumstances the committee may wish to consider.

Special consideration shall be given to applicants who are enrolled in an approved Apprentice program.

Applicant's school and present or past employers must provide references to attest to the student's proficiency, aptitude, character and general interest.

The Scholarship Committee will review applications. Applicants receiving scholarships will be notified, in writing, and the check will be made payable in the applicant's name to the school.

Should there be any unused portion of a scholarship grant, by virtue of the recipient's withdrawal from school, the school shall return the remaining funds to the Foundation.

Application must be filled out completely, and have all appropriate signatures. A transcript release and financial aid release form are enclosed. These must be signed and given to the appropriate offices at the school. At least two (2) letters of recommendation from present or past employers or teachers must be submitted. Only those that have a complete application, transcript and financial aid information from the school on file with the St. Louis Chefs Education Foundation Scholarship Committee, will be considered for scholarship awards.

Return this form to: St. Louis Chefs de Cuisine
Education Foundation Scholarship Committee
P.O. Box 510301
St. Louis, MO 63151

Personal Information

Name _____ Social Security No. _____

Mailing Address _____

City/State/Zip _____

Birth date _____ Phone () _____

Married Yes No Number of dependents _____

If you are living with and/or are a dependent of either of your parents, please complete the following:

Parents' name(s) _____

Mailing address _____

City/State/Zip _____

Birth date _____ Phone () _____

Parents' occupation(s) _____

Annual income(s) \$ _____

If you are currently employed, please complete the following:

Name of establishment _____

Mailing address _____ City _____

State/Zip _____ Phone () _____

Supervisor _____ Hours per week _____ Wage per hour \$ _____

If you are related to or a dependent of a current member of the St. Louis Chefs de Cuisine Education Foundation, please list that person's name, mailing address and your relationship.

Name _____ Relationship _____

Mailing address _____ City _____

State/Zip _____

Name of school in which you are currently enrolled:

Name _____

Mailing address _____ City _____

State/Zip _____ Phone () _____

Full-time or Part-time student? _____ Semester hours completed _____

Semester hours remaining _____ Graduation Date _____

Name of school for which scholarship will be used:

Name _____

Address _____

City/State/Zip _____

Phone () _____ Have you been accepted at this institution? _____

Financial Aid Information

Please list names and amounts of all other financial aid, including scholarships, loans, grants and work-study, you are current receiving:

Name of financial aid	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

What is the cost of the tuition for the semester to which the scholarship will apply? \$ _____

Applicant's Statement

In a brief written statement, please explain why you need and should receive a scholarship.

Employment Experience

EMPLOYER	POSITION	DATES	HOURS/WEEK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge, all of the information contained herein is accurate and true.

Applicant's signature

Date

Financial Aid Release Form

Applicant must process this form so that Selection Committee receives information by the designated deadline.

Name: _____

ID #: _____

I authorize the _____
(School name)

to release any or all of my financial aid records to the selection committee of the St. Louis Chefs de Cuisine Education Foundation Scholarship. I understand that I will be responsible for any cost associated with sending this information.

(signed)

(date)

School Information

Please have your financial aid office supply the following information and send it directly to the address listed below.

Thank you.

Estimated costs per period

Current aid available per period

\$ _____ Tuition

\$ _____ PELL

\$ _____ Housing

\$ _____ GSL

\$ _____ Food

\$ _____ School-Based

\$ _____ Transportation

\$ _____ PLUS/SLS

\$ _____ Miscellaneous

\$ _____ Family Contribution

\$ _____ Personal

\$ _____ Student Contribution

\$ _____ Total

\$ _____ Other – Please list

\$ _____ Total

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Transcript Release Form

Applicant must process this form so that Selection Committee receives information at designated deadline.

Name: _____

ID #: _____

I authorize the _____
(School name)

to release my transcript of grades to the St. Louis Chefs de Cuisine Education Foundation for use in determining my eligibility for a St. Louis Chefs de Cuisine Education Foundation Scholarship.

I understand that I will be responsible for any cost associated with sending this transcript.

(signed)

(date)

School Information:

Please send the requested transcript directly to the address below.
Thank you.

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St. Louis, MO 63151