

Les Dames d'Escoffier Charleston Chapter Scholarship for Education 2024

Les Dames d'Escoffier Scholarships for Education are awarded to qualified female applicants pursuing careers in culinary arts, hospitality, beverage management, nutrition, event management and related areas. Scholarship support is provided by the LDEI Charleston Chapter to assist women in these careers by funding specific requests not to exceed \$3,000 each.

Important Dates

Application deadline: March 7, 2025

Scholarship Award recipients will be notified on May 1, 2025. Funds will be sent directly to the named educational program no later than July 1, 2025.

Application Checklist

- * Completed application form
- * Resume
- * Transcript, if currently enrolled in an educational program
- * 2 letters of reference
- * Proof of enrollment/acceptance to an educational or continuing ed program

Qualifications

*Applicant(s) must provide proof of enrollment or acceptance to a qualified educational program.

*Applicant(s) must be a legal resident of the State of South Carolina.

*Applicant(s) must submit the completed application along with supporting documentation.

*Applicant(s) older than 18 must demonstrate at least one year of experience full-time or part-time in the culinary or hospitality industry by submitting a biography, resume or video documenting such experience.

*Scholarship funds may not be paid to the individual. Funds are for educational purposes and are not to be used to start a business.

Scholarship award recipients will be asked to provide a video or written testimonial about how they used the scholarship funds upon request. Refer to Ideicharleston.com/scholarships for more information on deadlines and requirements.

APPLICATION

Biographical Information

Name: _____

Email: _____

Phone Number: _____

Current Occupation/Title: _____

Years in Hospitality ndustry: _____

References

Two letters of reference must be included in the application. These can be sent via email to info@ldeicharleston.com or mailed to Les Dames d'Escoffier International, Charleston Chapter, P. O. Box 22853 Charleston, SC 29413.

Reference #1 Name & Title: _____

Email: _____

Phone number: _____

Reference #2 Name & Title: _____

Email: _____

Phone number: _____

Request for Funds

Please provide total program cost, the amount you are requesting in scholarship funds, and the date of tuition payment.

What is the name of the institution for which you are requesting funds?

Total Program Cost: _____

Requested Funds: _____

Payment Deadline: _____

APPLICATION

The following information may be answered in writing or you may answer via video. Videos should be no more than 5 minutes in length. If you are submitting a video in lieu of filling out the following information, please write the word VIDEO for your answer.

What is your current grade level, if enrolled in school?

High school senior

1st year College

2nd year College

3rd year college

4th year college

College Graduate

N/A / Other _____

Describe your education and experience:

Please also attach your resume and current transcript (if applicable).

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**Email this completed application along with all supporting documentation to
info@ldeicharleston.com.**