

**The University of Houston Foundation
LES DAMES D'ESCOFFIER SCHOLARSHIP
AT THE CONRAD N. HILTON COLLEGE OF HOTEL AND RESTAURANT MANAGEMENT**

Eligibility Requirements:

1. Must be a female. **ATTACH COPY OF DRIVERS LICENSE.**
2. Must be a resident of Texas, Louisiana, Arkansas, Oklahoma or New Mexico.
3. Must have completed 12 hours and be enrolled as a full-time student (12 hours minimum).
4. Must have and maintain a minimum 3.0 cumulative GPA and 3.5 cumulative GPA in major courses to continue eligibility.
5. The Les Dames d'Escoffier Chapter will be informed each year of the recipients name, local address and telephone number.
6. Submit no more than one page description of your academic and career goals and how this scholarship would be of financial assistance to you.
7. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.**

Print Legibly

Legal Name: _____
Last First Middle

Current Address: _____
Street, Apartment, or P.O. Box City, State, Zip

E-mail address: _____ Date of Birth: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Academic data:

UH Classification for upcoming Fall semester: _____ Freshman _____ Sophomore _____ Junior _____ Senior

_____ Graduate Have you completed 12 hours at UH? _____ Yes _____ No

If "graduate school", have you been accepted? _____ Into which program? _____

MAJOR: _____ Cumulative GPA in major: _____

Cumulative GPA at UH: _____ Number of hours completed at UH: _____

Credit hours enrolled for upcoming Fall semester: _____ Anticipated Graduation date: _____
(Mo/Yr)

Are you enrolled at the UH Conrad N. Hilton College of HRM? _____ Yes _____ No

Organizations, Activities, Awards & Honors (list only the best. Do not attach an additional sheet)

<u>Year</u>	<u>Organization/Activity</u>	<u>Special Awards/Honors/Offices Held</u>
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1) _____

2) _____

I hereby certify that all information reported on this application is true and accurate to the best of my knowledge.

(Signature) (Date)

MAIL APPLICATION TO:
UNIVERSITY OF HOUSTON FOUNDATION
4543 Post Oak Place, Suite 250
HOUSTON, TEXAS 77027

**Applications that are emailed, faxed or
incomplete will not be accepted.**

For further information call the University of Houston Foundation, 713-622-6061

UNIVERSITY OF HOUSTON FOUNDATION
INFORMATION AUTHORIZATION FORM

REQUIRED

Because of the recently-enacted Privacy Act, the University of Houston must have your written permission to release your Grade Point Average and hours of enrollment to the University of Houston Foundation. The UH Foundation needs to verify these in order to award the scholarship funds to your student account.

I give permission to the University of Houston to release to the University of Houston Foundation my grade point average for the most recently-completed semester, as well as my overall grade point average and hours of enrollment.

PRINTED NAME

(signature)

(date)

(student ID number)

OPTIONAL

The University of Houston Foundation must have your permission to release application information to the scholarship donor.

I give permission to the University of Houston Foundation to give my name to the scholarship donor if requested.

PRINT NAME

SIGNATURE

DATE