THE CHEF LAURENT CHAMPALLE MEMORIAL SCHOLARSHIP APPLICATION

Hollenstein Career & Technology Center, *The Bistro*

(please type responses)

Return completed applications to the EMS Education Foundation by email to: edfoundation@ems-isd.net.
Deadline is March 6, 2026

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Culinary School or Hospitality Program selected to attend:

_____

Have you been accepted? ☐ Yes ☐ No College/Major: _____

Have you received or are you expecting to receive any scholarships? ☐ Yes ☐ No
Type of Scholarship: _____ Amount: _____

Have you competed while in the culinary program at HCTC? ☐ Yes ☐ No
If yes, what competition and when?

_____

_____

_____

Are you currently employed in the Food & Beverage and/or Hospitality industry? ☐ Yes ☐ No
If yes, where, for how long, and how many hours per week do you work?

_____

_____

_____

Please share your reasons for choosing to take Culinary Arts at HCTC?

_____

_____

_____

What other activities or organizations have you been involved in during your high school career?

_____

_____

_____

Do you or have you experienced any financial hardships that we should consider?

_____

_____

_____

ESSAY

In essay form, share about your background, why you want to go to culinary school, and where you see yourself in 5 and 10 years. (500 word limit)

I certify to the best of my knowledge that the information I have given on this application is true.

Signature of Applicant

Date