

APPLICATION FOR ADMISSION

PROGRAM (Choose One)

_____ Culinary Arts Program _____ Pastry Arts Program
 Chef Pro I ___ Sat ___ Mon Pastry Pro I ___ Wed
Semester:
_____ January _____ May _____ September

PERSONAL

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

E-mail: _____

Date of Birth: _____ Male: _____ Female: _____ Citizenship: _____

Are you in good physical condition? _____ If no, please explain. _____

Person to contact in case of emergency: _____ Phone: _____

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective or penal institution? _____ If yes, please include a letter explaining the details.

EDUCATION

High School: _____ Address: _____

Graduation Date: _____ GED: _____

College: _____ Address: _____

Dates Attended: _____ Degree/Major: _____

Culinary/Pastry Arts Education: _____



6100 Camp Bowie Blvd. Ste 25
Ft. Worth, TX 76116
817-737-8427 Phone
817-731-6366 Fax

ADDITIONAL INFORMATION

How did you learn about The Culinary School of Fort Worth? _____

Have you applied to other schools? _____ If yes, please list: _____

Please indicate the financial resources available to pay for your education.

Cash: _____ Credit Card: _____ Loan: _____

Do you have any food allergies or religious beliefs that prohibit you from eating certain foods? _____

If yes, please explain. _____

Do you have any disabilities that might necessitate special accommodations? _____

If yes, please explain. _____

Please explain why you are interested in taking the Chef Pro courses. Why do you wish to pursue an education in the culinary profession? What are your short and long term goals for your education? _____

I have read this application and attest that the information provided is true. I give The Culinary School of Fort Worth permission to verify the information provided. I understand that if I furnish false or misleading information on the application, I may be disqualified as an applicant, even after acceptance for admission.

Applicant Signature: _____ Date: _____

The Culinary School of Fort Worth is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.

APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION, CAREER SCHOOLS AND COLLEGES, AUSTIN, TEXAS.