



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

## APPLICATION FOR ADMISSION

### PROGRAM (Choose One)

\_\_\_\_\_ Culinary Arts Program \_\_\_\_\_ Pastry Arts Program \_\_\_\_\_ Gastronomy \_\_\_\_\_ Undecided  
\_\_\_\_\_ Chef Pro I \_\_\_\_\_ Sat \_\_\_\_\_ Mon \_\_\_\_\_ Thu \_\_\_\_\_ and Kitchen Management  
Semester: \_\_\_\_\_ January \_\_\_\_\_ May \_\_\_\_\_ September

The Training I Desire is (check appropriate choice):

- Vocational
- Avocational

### PERSONAL

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell 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: \_\_\_\_\_



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**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? \_\_\_\_\_

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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.**