



6550 Camp Bowie Blvd  
Fort Worth, TX 76116  
[www.csftw.edu](http://www.csftw.edu)  
817-737-8427

## APPLICATION FOR ADMISSION

### In addition to this application, candidates will need to provide:

- A high school diploma or GED
- A (1) page essay that includes: why you are pursuing a degree in culinary arts, what your expectations of The CSFTW are, what you hope to have accomplished when you graduate
- (2) different letters of recommendation stating why you would be a positive addition to the student body at The CSFTW
- Current Food Handler's Certificate
- A \$100.00 non-refundable deposit reserves your place in any course.

Applicants must be at least 18 years of age

### PROGRAM (Choose One)

\_\_\_\_\_ Professional Culinary Program

Semester: \_\_\_\_\_ July \_\_\_\_\_ September

### PERSONAL

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

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

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

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

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Can you meet the physical demands of working in a culinary institution? (i.e. standing for extended periods of time)? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



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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.

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**All applicants are subject to a background check. By initialing, you are acknowledging this possibility.** \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GED: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Culinary/Pastry Arts Education: \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

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

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Please indicate the financial resources available to pay for you education:

Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Financial Aid: \_\_\_\_\_ GI Bill: \_\_\_\_\_

Do you have any food allergies or religious beliefs that prohibit you from eating certain foods? If yes, please explain: \_\_\_\_\_

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Do you have any disabilities that might necessitate special accommodations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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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.

Applicants 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.**