



6550 Camp Bowie Blvd
Fort Worth, TX 76116
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: _____ November _____ March _____ 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.

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: _____

Please indicate the financial resources available to pay for your 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: _____

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.