

APPLICATION FOR ADMISSION

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

- **A one-page essay** stating why you would like to attend The Culinary School of Fort Worth, your expectations of this program, as well as what you hope to accomplish when you graduate.
- **One letter of recommendation** stating why you would be a positive addition to the student body at The Culinary School of Fort Worth. (Letters can be from family, co-workers, employer, teachers, friends. The letter does not have to be from within the culinary industry.)
- **A copy of your current Texas Food Handler Certificate** (www.360training.com/learn2serve is a good resource to complete the food handler certificate).
- **A copy of your High School Diploma, GED or Official Transcripts**
- **Application fee** (non-refundable)

Applicants must be at least 17 years of age and must be able to read and write in English.

I am applying to start the Professional Culinary Program:

___ April 13, 2023 Class Time Option (circle one): 8am-1pm OR 4pm-9pm
___ July 17, 2023 Class Time Option: 8am-1pm
___ October 30, 2023 Class Time Option (circle one): 8am-1pm OR 4pm-9pm

PERSONAL

Legal Name: _____

Address: _____

Email: _____

Phone: _____

Gender: ___ Male or ___ Female

Date of Birth: _____

Citizenship: _____

Can you meet the physical demands of working in the culinary industry? (i.e. standing for extending periods of time? ___ Yes or ___ No

If no, please explain:



6550 Camp Bowie Blvd
Fort Worth, TX 76116
www.csftw.edu
817-737-8427

Emergency Contact: _____
Emergency Contact Phone: _____
Emergency Contact Relationship: _____

EDUCATION

Have you earned a High School Diploma or GED?

___ High School Diploma or ___ GED

High School Graduation Date: _____ or GED Date: _____ & State _____

Name of High School: _____

High School

Address: _____

Have you previously enrolled in any other college or post-secondary institution?

___ Yes or ___ No

If yes, name of College or Institution: _____

College or Institution

Address: _____

Degree/Major: _____

Dates Attended: _____

ADDITIONAL INFORMATION

Please indicate how you plan to pay for your education:

- ___ Cash ___ Texas Workforce Solutions
- ___ Loan
- ___ Federal Student Aid/FAFSA®
- ___ GI Bill® (Veteran's Assistance)



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

No or Yes

If yes, please explain:

Do you have any disabilities that might necessitate special accommodations?

No or Yes

If yes, please explain:

Race/Ethnicity:

Nonresident alien

Hispanic/Latino

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or more races

Race and ethnicity unknown

How did you hear about us? _____

SIGNATURE

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.

Please sign your name to acknowledge all supplied information is accurate.

Sign: _____

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.