

## 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](http://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 in:**

\_\_\_ February 2022    \_\_\_ May 2022    \_\_\_ September 2022    \_\_\_ December 2022

**AM or PM (Subject to availability at time of Enrollment)**

\_\_\_ AM    or    \_\_\_ PM

### PERSONAL

Legal Name: \_\_\_\_\_

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

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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](http://www.csftw.edu)  
817-737-8427

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective or penal institution?  Yes or  No

If yes, please explain:

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.