



Honor Society of the  
American Culinary Federation

## **Culinary Institute of America Scholarship for the American Culinary Federation and the American Academy of Chefs**

### **Eligibility Information**

**To be considered by the scholarship committee, an applicant must:**

- Be an exemplary student.
- Be a high school senior eligible to graduate the same year as the scholarship is applied for.
- Be currently accepted to the Culinary Institute of America with a major in either culinary or pastry arts, or be an ACF registered apprentice.
- Have a career goal of becoming a chef or pastry chef.

**Send the following items, postmarked no later than May 1st to:**

American Academy of Chefs  
180 Center Place Way  
St. Augustine, FL 32095

- Completed application.
- Two letters of recommendation from instructors. (This person may not be related to the applicant in any manner.)
- Financial aid release form completed by your financial aid office (see attached form).
- Sealed official transcript showing current GPA. No duplicates will be accepted Signed photo release to use your name and/or photo in ACF publications

**Recipients selected by the American Academy of Chefs Scholarship Committee will  
be announced by June 1<sup>st</sup>.**

## **Culinary Institute of America Scholarship**

**for the American Culinary Federation  
and the American Academy of Chefs  
Application**

**Section 1 Personal Information**

Last name	First	Middle initial
Home address		
City	State	Zip
Home phone (      )	Social Security number	

**Section 2 Current Education - Culinary school for which this scholarship would be used**

Educational Institution		
Address		
City	State	Zip
Dates attended		
Enrolled in which curriculum?		

**Section 3 Educational Background**

Educational Institution		
City	State	Zip
Dates attended		

Educational Institution		
City	State	Zip
Dates attended		

Educational Institution		
City	State	Zip
Dates attended		

**Section 4 Employment**

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Specific Job Title \_\_\_\_\_  
 Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

**Section 5 Past Industry Experience (beginning with the most recent)**

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Specific Job Title \_\_\_\_\_  
 Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Specific Job Title \_\_\_\_\_  
 Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Specific Job Title \_\_\_\_\_  
 Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Specific Job Title \_\_\_\_\_  
 Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

**Personal Response Questions**

In 250 words or less:

Why do you want to become a chef/pastry chef?

What do you hope to contribute to the culinary industry?

## FINANCIAL AID RELEASE FORM

Student name: \_\_\_\_\_ Student I.D. number: \_\_\_\_\_

I, authorize \_\_\_\_\_  
(Name of Educational Institution)

to release any and all of my financial aid records to:

American Academy of Chefs  
Culinary Institute of America Scholarship  
180 Center Place Way  
St. Augustine, FL 32095

for use in determining my eligibility for a Culinary Institute of America scholarship. I understand that I will be responsible for any cost associated with sending this information. In addition, I understand that I will be responsible for the submission of this completed form prior to the appropriate preview date.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EDUCATIONAL INSTITUTION INFORMATION

Please request that your financial aid office supply the following information and attached this completed form to your scholarship application.

Estimated cost per _____ (period)	Current aid available per _____ (period)
\$ _____ Tuition and fees	\$ _____ PELL
\$ _____ Books and supplies	\$ _____ Stafford
\$ _____ Food	\$ _____ School-based
\$ _____ Transportation	\$ _____ PLUS / SLS
\$ _____ Miscellaneous	\$ _____ Family contribution
\$ _____ Personal	\$ _____ Student Contribution
\$ _____ Housing	\$ _____ Other - please list
\$ _____ <b>Total</b>	\$ _____ <b>Total</b>

FAO Signature: \_\_\_\_\_ FAO Phone: (\_\_\_\_\_) \_\_\_\_\_

FAO Printed/typed name: \_\_\_\_\_

**Reproduction of Images or Name Form  
DVD/ CD/ Video Tape Recording, Photography, Printed Material**

I \_\_\_\_\_, do hereby agree to allow  
(please print)

The American Academy of Chefs (AAC) and its subsidiaries, vendors and the media to use the reproduction of my likeness, work product(s), recipes and/or presentations for distribution in both printed and digital matter. I understand that the AAC has the right to make copies of such materials to make available for sale and to retain the proceeds from the sale of such.

I understand that I will not be compensated and that I may not be notified of each use.

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Signature

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Name

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Address

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Phone

E-mail

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Date