



Professional Chefs Association of South Jersey
Chapter of the American Culinary Federation

Application / Students

Scholarship Chairman

Willie L Lewis CEC

For the Year 2009 & 2010

PERSONAL INFORMATION:

This Application must be in by December 27/2009 to Be consider for the February 28/2010 Scholarship.

Last Name: _____
First: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Social Security Number: _____
E-mail: _____ Date of Birth: _____

EDUCATIONAL Eligibility INFORMATION: YOU MUST BE ATTENDING A CULINARY SCHOOL AT THE TIME OF THE Scholarship AWARDS Are you currently attending a culinary school?

_____ If so, provide below

Name: _____ Enrollment Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ **Contact's**

Phone: _____ Your Major: _____

Degree You Are Pursuing: _____ GPA: _____

Expected Date of Graduation: _____

Attending Full Time? Yes () No ()

If not in culinary school, have you applied? _____
When: _____ Have you been accepted? _____

If "Yes", provide the details below

School Name: _____

Address: _____

Contact: _____ **Contact's Phone:** _____

Expected Start Date: _____

Previous School(s) Attended:

Degrees Attained/Majors: Include High School and
Graduation Dates

FINANCIAL INFORMATION:

How much is your annual tuition? _____

How are you financing your education? (Be sure to identify
the percentage of funding from each source.)

_____ parents' contribution

_____ scholarships

_____ work

_____ personal loans

_____ government loans

_____ saving other (explain)

_____ **EMPLOYMENT INFORMATION:** Are you currently employed?

Yes () No () If yes, hours per week: _____

Work Experience: List dates, place, title and number of
hours per week worked Dates Place

Job Title Hrs/Week

Describe extra-curricular activities (community service,
athletics, clubs, etc.) you have been involved in, and
note awards or special recognition you have received

REFERENCES: Your application **MUST** be accompanied by two letters of recommendation from a supervisor, teacher, advisor or other culinary professional familiar with your skills. List your references below and include their letters with your application. If not included, your application is not complete.

Name _____
Name _____
Title _____
Title _____
Company _____
Company _____
Address _____
Address _____
City, State, Zip _____
City, State, Zip _____
Phone () _____
Phone () _____

To help us in our planning, please tell us how you learned of the



Application / Students To the best of my knowledge, all of the information I have provided is accurate and true. I understand that by my signature below, I am authorizing my attending school to provide The Professional Chef Association of South Jersey WWW.PCASJ.com any necessary information to verify my attendance and the accuracy of this application. I understand that this application does not in any way guarantee the receipt of a Scholarship. It is an application that can be accepted or denied at our option. If my application is accepted for consideration in writing, it does not in any way guarantee the receipt of a Scholarship. I agree that I abide by your final decision and that I have no recourse to contest it.

Signature: _____

Date: _____

Mail this form to:

Professional Chef Association of South Jersey
PO. Box 1003
Brigantine New Jersey 08203
www.pcasj.com

Please complete the essay form to follow. Professional
Chef Association of South Jersey John Carbone
Scholarship Application Essay

(Essay must be typed or neatly written and a minimum of
250 words telling us why the culinary field is one you
wish to pursue and become a Chef and your goals in this
field. Use additional pages if needed.

2/28/2010

Executive Chef CEC
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