



## SCHOLARSHIP APPLICATION

### Culinary Candidate Information

PERSONAL INFORMATION					
LAST NAME			FIRST NAME		MI
STREET ADDRESS					
CITY		STATE	ZIP	COUNTRY	
EMAIL ADDRESS					
HOME PHONE		CELL PHONE		WORK PHONE	
PROGRAM(S) YOU PLAN TO ATTEND			EXPECTED START DATE	EXPECTED COMPLETION DATE	
DO YOU QUALIFY FOR ANY GRANTS OR NEED BASED AID? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE DESCRIBE THE CHARGES.</i>					
EDUCATIONAL REFERENCES					
NAME OF SCHOOL			DIPLOMA OR DEGREE EARNED		GPA
SCHOOL ADDRESS					
CITY		STATE	ZIP	COUNTRY	
FINANCIAL INFORMATION					
NAME OF CURRENT EMPLOYER IF WORKING				<input type="checkbox"/> FULL TIME	EMPLOYER PHONE
				<input type="checkbox"/> PART TIME	
ESTIMATED MONTHLY INCOME		ADDITIONAL INCOME		DOES A PARENT, RELATIVE, OR OTHER PERSON CURRENTLY SUPPORT YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				<i>IF YES, SUPPORTING DOCUMENTATION IS ENCOURAGED.</i>	
DO YOU HAVE ANY STUDENT LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOW DO YOU PLAN TO PAY FOR SCHOOL?	
HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, DESCRIBE THE NATURE AND AMOUNT.</i>					
<i>(A YES WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM SCHOLARSHIP ELIGIBILITY; HOWEVER, FAILURE TO DISCLOSE FELONY CONVICTIONS WILL RESULT IN TERMINATION OR DENIAL OF SCHOLARSHIP AWARD.)</i>					
GENERAL WORK EXPERIENCE (MOST RECENT FIRST)					
EMPLOYER NAME		POSITION		SUPERVISOR	
DATES EMPLOYED		EMPLOYER PHONE		MAY WE CONTACT	
FROM: TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES					

I authorize Culinary Institute LeNôtre to call, write, or otherwise investigate the information provided in this application. I affirm I have fully disclosed all required information and the above information is true and correct to the best of my knowledge. Falsifying information on this document may result in the dismissal of the application as well as forfeiture and revocation of any monies awarded.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Advisor Signature / Witness

\_\_\_\_\_  
Date