



## 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 IF YES, PLEASE DESCRIBE THE CHARGES.				
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 <input type="checkbox"/> PART TIME	EMPLOYER PHONE
ESTIMATED MONTHLY INCOME	ADDITIONAL INCOME		DOES A PARENT, RELATIVE, OR OTHER PERSON CURRENTLY SUPPORT YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUPPORTING DOCUMENTATION IS ENCOURAGED.	
DO YOU HAVE ANY STUDENT LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE THE NATURE AND AMOUNT.  (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.)				HOW DO YOU PLAN TO PAY FOR SCHOOL?
GENERAL WORK EXPERIENCE (MOST RECENT FIRST)				
EMPLOYER NAME		POSITION		SUPERVISOR
DATES EMPLOYED FROM: TO:		EMPLOYER PHONE		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES				

I authorize Culinary Institute Lenotre 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 Officer Signature / Witness

\_\_\_\_\_  
Date