
THE CAMBRIDGE SCHOOL OF CULINARY ARTS

Application for Admission

The Cambridge School of Culinary Arts
 2020 Massachusetts Avenue
 Cambridge, MA 02140
 (617) 354.2020
 Fax (617) 576.1963
 info@cambridgeculinary.com
 www.cambridgeculinary.com

Please indicate below your projected date of admission. (Check one only.)

Professional Chef's Program (37 weeks)

January September

Culinary Certificate Program (16 weeks)

January May September

Professional Pastry Program (37 weeks)

January September

Certificate Pastry Program (16 weeks)

January May September

APPLICATION FOR ADMISSION

Applicants must submit:

- a completed application
- a non-refundable application fee of \$45.00
- a resume
- a personal statement
- an official copy of either a high school or college transcript
- two letters of reference
- passport size photo I.D.

PERSONAL (please print)

Full Name: _____ Soc. Sec. No.: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: () Home Phone: () Cell Phone: ()

E-mail: _____

Person to contact in case of emergency: _____ Phone: ()

Relationship: _____

EDUCATION

High School: _____ Dates attended: _____ Diploma/Degree/GED: _____

College: _____ Dates attended: _____ Diploma/Degree/GED: _____

Graduate Programs: _____ Dates attended: _____ Diploma/Degree/GED: _____

Foodservice Education: (courses and dates) _____

FINANCIAL

Resources available for your education: Cash Loan funds Family
 Scholarships Other
 Government Agency If so, which agency? _____

If other than a U.S. Citizen or permanent resident, will you require an I-20M or Student Visa? _____

DISCIPLINARY HISTORY

Have you ever been subject to sanction or discipline by any academic institution? Yes No

If yes, please include a letter describing both the conduct and disciplinary action taken.

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective or penal institution?

If yes, please include a letter describing details. Yes No

QUESTIONNAIRE

1. Explain why you want to enter or further your training in the food service/culinary field.

2. What prompts your application at this time?

3. What are your culinary expectations and goals?

Upon graduation:

In 2 years:

In 5 years:

4. Do you have any physical condition that will affect your successful completion of this program?

5. Have you ever been compelled to interrupt your work or study for a substantial period of time or substantially reduce your workload because of physical disability, illness, or emotional difficulties? _____

If yes, please explain:

6. Do you have any food allergies or any religious or philosophical beliefs that keep you from eating or drinking certain foods or beverages? _____

If yes, please explain:

7. Are there any obstacles that might hinder your starting and completion of this educational program? _____

If Yes, please explain:

CHECKLIST FOR ADMISSIONS

COMPLETED APPLICATION

NON-REFUNDABLE APPLICATION FEE OF \$45.00

RESUME

Please include, if applicable, the following information in your resume:

- work history/experience
- education
- extracurricular activities

PERSONAL STATEMENT

Please attach a personal statement of 250 words or more, in which you discuss who you are, your background, training or experience in the culinary arts, special interests, goals, and reasons for applying to The Cambridge School of Culinary Arts.

TRANSCRIPTS

Please enclose an official copy of your most recent transcript.

TWO (2) LETTERS OF REFERENCE

Please list below the names of two individuals from whom you will request a letter of reference (i.e., employer, friend, co-worker, etc.). These letters do not need to be from food service employers. Recommendations should not be from persons related to you.

Please have them address the following:

- In what capacity they know you
- Your past performance (motivation, efficiency, organization, communication skills, ability to take responsibility, etc.)
- Your work or school habits (promptness, attendance, creativity, ability to get along well with others, etc.)
- Why they believe you will perform well at the school
- Their assessment of your potential success as a culinary professional

PASSPORT SIZE PHOTO I.D.

MAIL ABOVE MATERIALS TO THE ATTENTION OF THE ADMISSIONS DEPT.

LETTERS OF REFERENCE:

Name

Relationship

Name

Relationship

FOR STATISTICAL PURPOSES ONLY

(This information is for reporting purposes only; it will not influence the admissions decision.)

Sex: Male Female Date of birth ____/____/____ Place of birth _____

Ethnic Origin: Black Hispanic Asian Native American
 White Pacific Islander Alaskan Native Other

How did you first hear about The CSCA? _____

Do you speak any foreign languages fluently? _____

If you have applied to any other schools, please identify.

I understand that my application and all supplemental materials will be held in strictest confidence and are for internal use by The Cambridge School of Culinary Arts only. I give permission for the Admissions Office to verify, if necessary, any information provided. The school may use any portion of the above information in evaluating the application. Any willful misrepresentation in these answers could result in disqualification or dismissal at any time. Photographs are occasionally taken in the school showing students at work and because I may appear in such photographs, I hereby give permission for them to be used for school publicity and advertising.

I have read this application thoroughly and attest that the information provided is true to the best of my knowledge.

Signature _____

Date _____

This application was revised 9/08.

