

Washington State Chefs Association/American Academy of Chefs
Evelyn Enslow Scholarship Application Form

Print Clearly in Blue or Black Ink.

Personal Information:

Last Name: _____ First Name: _____

Home Address: _____
Street

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail: _____

ACF Membership Number: _____

Educational Information:

You must be attending a culinary school at the time of the scholarship awards.

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Financial Information

How much is your annual tuition? _____

How are you funding your education (identify percentage of funding from each source)?

_____ Parents Contribution

_____ Scholarships/Grants

_____ Work Income

_____ Personal Loans

_____ Government Loans

_____ Savings

Other (explain) _____

Employment Information:

Are you currently employed? _____

If yes, hours per week _____

Related Work Experience:

| Dates | Location | Job Title | Hours/Week |
|--------------|-----------------|------------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

References

Two letters of recommendation must accompany your application from a supervisor, teacher, counselor, advisor or other culinary professional familiar with your skills. List your references below and include their letters with your application.

Reference #1

Name; _____

Title: _____

Company: _____

Address: _____

Phone: _____ **E-Mail:** _____

Reference #2

Name; _____

Title: _____

Company: _____

Address: _____

Phone: _____ **E-Mail:** _____

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

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 Washington State Chefs Association any necessary information to verify my attendance and the accuracy of this application.

Signature: _____ **Date:** _____

Mail this form and other requirements to:

**Chef Brian Date
PO Box 94241
Seattle, WA
98124**