

**PROMISE JOBS CULINARY SCHOOL
STUDENT ADMISSIONS APPLICATION**

Please fill out this form completely and accurately. The information will be used to better understand each individual student's needs. All information will remain confidential.

A non-refundable application fee of \$25.00 is due upon application.*

Date: _____

Name: _____

Date of Birth: ____/____/____ **Social Security #:** _____ (attach copy of SS card)

Current Address: _____

City, State, Zip Code _____

Phone: _____ **Contact for a message:** _____

Email: _____ **Cell:** _____

EDUCATION

High School Name _____ **Highest Grade Completed** _____

College or Trade School (Name & years completed) _____

Other Special training _____

WORK HISTORY

Please provide complete information on your last three jobs, starting with most recent one. Note: Food service experience is not a requirement for admission to the program.

1. **Employer (Company Name)** _____

Dates of employment: _____

Address _____

Phone _____

Supervisor _____ **Duties** _____

Reason for leaving _____

2. **Employer (Company Name)** _____

Dates of employment: _____

Address _____

Phone _____

Supervisor _____ **Duties** _____

Reason for leaving _____

3. Employer (Company Name) _____
Dates of employment: _____
Address _____
Phone _____
Supervisor _____ Duties _____

Reason for leaving _____

Have you had any experience in food service not listed above? If so, please describe.

OTHER INFORMATION

Family income in the last 6 months (inc. relatives sharing income and residence):
\$ _____ No. in family _____

Are you a Veteran? Yes No Dates of Service _____

Are you a citizen of the U.S.? Yes No (If no, inc. documentation of resident status)

Are you receiving:

Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welfare (inc. case # _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify) _____		

Are you a client of:

- Division of Vocational Rehabilitation?
- Unemployment Insurance
- Employment Services
- Other (specify) _____

Do you have:

A valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, attach a copy)
A car to get to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Name, address and phone # of person to contact in emergency: _____

Please tell us why you are interested in becoming a Culinary Arts student _____

Read the following carefully before signing this application:

I certify that the information given on this application is accurate to the best of my
Knowledge. Date: _____ Signature of applicant: _____

Note: Promise Jobs is a program of Elijah's Promise. Elijah's Promise is an Equal Opportunity Employer.

PROMISE JOBS CULINARY ARTS TRAINING PROGRAM FINANCIAL AID ELIGIBILITY FORM

Please fill out this form completely and accurately. The information will be used to determine financial aid and scholarship eligibility so we can better assist you.

Name: _____ **Date:** _____

Date of Birth: ____/____/____ **Social Security #:** _____

Current Address: _____

Phone: _____ **Contact for a message:** _____

Cell: _____

INCOME INFORMATION

Married? ____ **Single?** ____ **Partner?** _____

Number of dependents _____

Do you reside with parent(s)? **Yes** **No**

Income during last year \$ _____
(attach copy of IRS tax return or W2 for most recent year)

Income for previous three months \$ _____
(attach copies of pay stubs)

Family size (number of people living with you or # you support) _____

Other sources of income: \$ _____ **source** _____
(inc. income of household members) \$ _____ **source** _____
\$ _____ **source** _____

LIVING EXPENSES Please list your monthly expenses for the following:

Rent/Mortgage	\$ _____	Childcare	\$ _____
Utilities inc. phone	\$ _____	Transportation	\$ _____
Healthcare	\$ _____	Food/Supplies	\$ _____
Total Other	\$ _____		

(describe) _____

Read the following carefully before signing this application:

I certify that the information given on this application is accurate to the best of my knowledge.

Date: _____ **Signature of applicant:** _____

FOR OFFICE USE ONLY

Date of Review _____ **Eligible for:** Full Scholarship
 Partial Scholarship, \$ _____
 Other _____

*This fee may be waived on a case by case basis.

Reference Sheet

INFORMATION IS SUBJECT TO VERIFICATION

CLIENT'S NAME: _____

YOU ARE REQUIRED TO PROVIDE THE NAMES OF THREE (3) DIFFERENT FRIENDS OR RELATIVES THAT DO NOT RESIDE WITH YOU THAT CAN BE CONTACTED IF NECESSARY. PLEASE LIST PEOPLE WHO WILL KNOW YOUR WHEREABOUTS IN 6-12 MONTHS.

Name: _____ Relationship: _____
Address: _____ Phone No.: _____
City, State, Zip _____

Name: _____ Relationship: _____
Address: _____ Phone No.: _____
City, State, Zip _____

Name: _____ Relationship: _____
Address: _____ Phone No.: _____
City, State, Zip _____