

**PROMISE JOBS CULINARY SCHOOL  
STUDENT ADMISSIONS APPLICATION**

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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:** \_\_\_\_\_

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**EDUCATION**

**High School Name** \_\_\_\_\_ **Highest Grade Completed** \_\_\_\_\_

**College or Trade School** (Name & years completed) \_\_\_\_\_

**Other Special training** \_\_\_\_\_

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**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.

\_\_\_\_\_

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### 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

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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:** \_\_\_\_\_

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### 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** \_\_\_\_\_

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**LIVING EXPENSES** Please list your monthly expenses for the following:

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

(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:** \_\_\_\_\_

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### 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 \_\_\_\_\_