



HYDE PARK
NEW YORK, 12538
914-452-9600

THE CULINARY INSTITUTE OF AMERICA
APPLICATION FOR SCHOLARSHIP ASSISTANCE
FROM THE NEW YORK BAKERS ASSOCIATION



		SOCIAL SECURITY NO.:	
NAME:		BIRTH DATE:	
HOME ADDRESS:			
EMAIL ADDRESS:			
ARE YOU PRESENTLY WORKING?		IF YES, WHERE?	
HRS PER WEEK:	WAGES \$	PER:	
FATHER'S NAME:	OCCUPATION:	INCOME:	
MOTHER'S NAME:	OCCUPATION:	INCOME:	
LEGAL GUARDIAN:	OCCUPATION:	INCOME:	
NO. BROTHERS & SISTERS:	AGES:		
SPOUSE'S NAME:	OCCUPATION:	INCOME:	
NO. CHILDREN:	AGES:		
DO YOU OWN A CAR?	YEAR	MAKE	PAYMENTS
WHO IS PAYING FOR YOUR TUITION?			
LIST ANY RELATED VOLUNTEER ACTIVITIES OR PROFESSIONAL AFFILIATIONS YOU HAE PARTICIPATED IN.			
WILL YOU RECEIVE ANY FINANCIAL ASSISTANCE?		DESCRIBE:	
LIST FORMER EMPLOYERS AND POSITIONS:			
WHAT ARE YOUR PLANS AFTER GRADUATION?			

ARE YOU PRESENTLY IN SCHOOL?	NAME OF SCHOOL:	GRADUATION DATE:
HIGH SCHOOL YOU GRADUATED FROM:		YEAR:
EXPECTED STARTING DATE AT C.I.A.	ARE YOU PREPARED FOR 30 WKS AT THE C.I.A.?	
<i>PLEASE INCLUDE A 250 WORD ESSAY (TYPED) ON WHY YOU WANT TO BE A BAKER / PASTRY CHEF OR CAKE DECORATOR IN N.Y.S. AND WHY YOU WOULD LIKE TO ATTEND C.I.A.</i>		
<i>PLEASE INCLUDE A 150 WORD ESSAY (TYPED) ON WHAT YOUR GOALS ARE UPON COMPLETION OF YOUR 30 WEEK COURSE AT C.I.A.</i>		
<i>APPLICANT MUST BE PREPARED TO GIVE A PRESENTATION TO THE NEW YORK STATE BAKERS ASSOCIATION AT ONE OF THEIR MONTHLY MEETINGS TO BE HELD IN NEW YORK CITY AREA.</i>		

I certify that all statements made on this application are true and accurate.

Signed _____

Date _____

MAIL OR E-MAIL COMPLETED APPLICATIONS TO:

KARL RIESTERER CMB
 210 BEDELL TERRACE
 WEST HEMPSTEAD, N.Y. 11552

info@newyorkstatebakers.org

516-485-0740