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 HAVE PARTICIPATED IN.  

WILL YOU RECEIVE ANY FINANCIAL ASSISTANCE?  DESCRIBE:  
LIST FORMER EMPLOYERS AND POSITIONS:  
WHAT ARE YOUR PLANS AFTER GRADUATION?
<table>
<thead>
<tr>
<th>ARE YOU PRESENTLY IN SCHOOL?</th>
<th>NAME OF SCHOOL:</th>
<th>GRADUATION DATE:</th>
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</thead>
<tbody>
<tr>
<td>HIGH SCHOOL YOU GRADUATED FROM:</td>
<td>YEAR:</td>
<td></td>
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<tr>
<td>EXPECTED STARTING DATE AT C.I.A.</td>
<td>ARE YOU PREPARED FOR 30 WKS AT THE C.I.A.?</td>
<td></td>
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</table>

**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.**

**PLEASE INCLUDE A 150 WORD ESSAY (TYPED) ON WHAT YOUR GOALS ARE UPON COMPLETION OF YOUR 30 WEEK COURSE AT C.I.A.**

**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 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