

**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 BAKING PROGRAM   | NAME AND ADDRESS OF BAKING PROGRAM |                  |
|  |                                    |                  |
| <b><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 BAKING SCHOOL</i></b> |                                    |                  |
| <b><i>PLEASE INCLUDE A 150 WORD ESSAY (TYPED) ON WHAT YOUR GOALS ARE UPON COMPLETION OF YOUR BAKING COURSE.</i></b>  |                                    |                  |
| <b><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></b>  |                                    |                  |

*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

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