



# Application for Admission

8700 Mayfield Road, Chesterland, OH 44026

p 440-729-7340 f 440-729-4546

## PROGRAM (Choose one)

\_\_\_ Culinary Arts Certificate \_\_\_ Culinary Arts Diploma \_\_\_ Pastry Arts Certificate \_\_\_ Pastry Arts Diploma  
\_\_\_ Daytime \_\_\_ Nighttime Preferred Enrollment Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

## PERSONAL

Student: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Citizenship: \_\_\_\_\_

Are you in good physical condition? \_\_\_\_. If no, please explain \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective or penal institution? \_\_\_\_\_ If yes, please include a letter explaining the details.

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GED: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Culinary/Pastry Arts Education: \_\_\_\_\_

## EMPLOYMENT

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Position: \_\_\_\_\_

## ADDITIONAL INFORMATION

How did you learn about ICASI? \_\_\_\_\_

Have you applied to other schools? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Please indicate the financial resources available to pay for your education:

Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Loan: \_\_\_\_\_ VA: \_\_\_\_\_ Government Agency: \_\_\_\_\_

Do you have any food allergies or religious beliefs that prohibit you from eating certain foods? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any disabilities that might necessitate special accommodations? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## PERSONAL ESSAY

Please attach a brief essay describing your background, why you wish to pursue an education in the culinary profession and your short- and long-term goals. ICASI selects students for admission based on their ability to successfully demonstrate their interest, motivation, confidence and ability to succeed in the ICASI programs.

## LETTERS OF RECOMMENDATION

Please provide two letters of recommendation addressing why you are a good candidate for admission in the culinary or pastry arts program. The letters should not be from persons related to you.

## APPLICATION MATERIALS

Your application will not be considered until the following materials are submitted:

- Completed Application
- Personal Essay
- Two Letters of Recommendation
- Official copy of High School or College Transcript
- Entrance Exam (Please schedule with the Admissions office)

It is the applicant's responsibility to forward all supplemental materials to the Admissions Department. Do not send any original diplomas or certificates. ICASI does not return any material sent as part of the admissions process. Admission does not guarantee immediate registration. Due to the hands-on nature of culinary education, ICASI limits class size to maximize student-teacher interaction. You will be notified of registration options after admission to ICASI is approved. Preference for starting dates will be given according to the date that this completed application is filed. Students accepted into the program are required to sign an Enrollment Agreement. Upon receipt of the signed Enrollment Agreement by ICASI, students will be eligible to register for classes.

I have read this application and attest that the information provided is true. I give ICASI permission to verify the information provided. I understand that if I furnish false or misleading information on the application, I may be disqualified as an applicant, even after acceptance for admission.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ICASI is committed to the policy that all person shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.