



APPLICATION FOR ADMISSION

Culinary and Pastry & Baking Arts Certificate Program

VERSION 8.19.20.W

We hope to make this application process as simple and straightforward as possible. If we can assist you along the way, please don't hesitate to contact us at admissions@sfcooking.com.

FOR INTERNAL USE ONLY

Application Fee Received _____

Date: _____

Application ID _____

PROGRAM INTEREST

Please indicate the program session in which you are interested in enrolling:

FULL-TIME CULINARY ARTS

Start date- January 4, 2021
Mon-Fri, 9am-3pm
6 months

PART-TIME CULINARY ARTS

Start date-January 6, 2021
Wed/Thurs: 6:00-10:00 pm,
Sat: 9am-3pm
12 months

FULL-TIME CULINARY ARTS

Start date- May 3, 2021
Mon-Fri, 9am-3pm
6 months

FULL-TIME CULINARY ARTS

Start date- August 30, 2021
Mon-Fri, 9am-3pm
6 months

FULL-TIME PASTRY & BAKING ARTS

Start date- January 4, 2021
Mon-Fri, 8am-2pm
6 months

PART-TIME PASTRY & BAKING ARTS

Start date-January 6, 2021
Wed/Thurs: 6:00-10:00 pm,
Sat: 8am-2pm
12 months

FULL-TIME PASTRY & BAKING ARTS

Start date- August 30, 2021
Mon-Fri, 8am-2pm
6 months

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____ Apartment _____

City _____ State _____ Zip _____ Country _____

Daytime Phone (_____) _____ Mobile Phone (_____) _____

Email Address _____

Date of Birth (mo/day/yr) _____ Gender: _____

Have you ever been subject to sanction or discipline by any academic institution? Yes No
If yes, please include a letter describing both the conduct and the disciplinary action taken.

Have you been convicted of any crime (besides traffic violations) or sentenced to a corrective institution? Yes No
If yes, please include a letter describing both the conduct and the disciplinary action taken.

CITIZEN STATUS

U.S. CITIZEN

U.S. PERMANENT RESIDENT Please provide your Resident Alien ID number: _____

OTHER Please indicate your Country of Citizenship: _____

Country of Residence: _____ Visa Type (if already in U.S.) _____

Note: If you are a non-U.S. resident who requires an M-1 visa, we ask that you reach out to our admissions staff for information on this process.

ENGLISH PROFICIENCY

All applicants must demonstrate their proficiency in the English language at a level adequate for success at SFCS.

Non-native English speakers are required to submit a TOEFL score.

Is English your first language? Yes No

If not, have you taken the TOEFL? Yes No Please provide an official record of your TOEFL score.

I understand that the program at San Francisco Cooking School is taught entirely in English and I will be required to understand all material, both verbal and written, communicate with instructors, and take all tests in English.

(Please initial here): _____

HIGH SCHOOL EDUCATION

Proof of education in the form of an official transcript or GED results are not required as part of your application, but will be requested prior to enrollment.

HIGH SCHOOL DIPLOMA (Month/Year of Graduation): _____

CURRENTLY ENROLLED IN HIGH SCHOOL (Month/Year of Expected Graduation): _____

GED **OTHER HIGH SCHOOL EQUIVALENCY DEGREE** (Specify Type): _____

POST-SECONDARY EDUCATION

Please indicate the level of education completed, including graduation dates where appropriate:

ASSOCIATE'S DEGREE: _____
Graduation Year School City, State

BACHELOR'S DEGREE: _____
Graduation Year School City, State

GRADUATE DEGREE: _____
Graduation Year School City, State

SOME COLLEGE

VOCATIONAL / TECHNICAL SCHOOL CERTIFICATE

WORK EXPERIENCE

Please list the three most recent positions you have held.

Prior foodservice or other work experience is not required by SFCS.

Optional: If you have a resume, you may include it with your application instead of filling out the form below.

Name of Employer & Address	Date Begun	Date Ended	Position Held & Duties
1.			
2.			
3.			

HEALTH CONDITIONS & DIETARY RESTRICTIONS

A critical success factor in completing the programs at San Francisco Cooking School is regularly tasting and evaluating food that is prepared as part of the curriculum. If you are not able to participate in this portion of the coursework you may not be able to fulfill the graduation requirements.

Do you have any health conditions or dietary restrictions that would affect your ability to taste food as part of the program? Yes No

If you answered "Yes", please provide us with detailed information, below, regarding any condition(s) that would affect your participation in the tasting portion of the programs:

ESSAY: PERSONAL STATEMENT + LETTERS OF RECOMMENDATION

Attach a typed essay of 400-500 words describing your experience and interest in the foodservice field.

Your personal statement should include a discussion of why you are applying to culinary school, your future goals, and how successful completion of the Culinary Arts or Pastry & Baking Arts Certificate Program at San Francisco Cooking School will help you achieve these objectives.

SFCS requires two (2) professional recommendations, which should be submitted by your recommenders directly via this form: <http://bit.ly/SFCSRecLetter>. These can come from a manager, co-worker, client, professional mentor, or if you are currently a student or have recently graduated, a teacher or administrator. These references help us get to know your work habits and professional manner and should not speak to your kitchen skills.

SELECT YOUR CONCENTRATION

Each student should select an academic concentration. This selection does not affect your primary curriculum but may impact some optional field trips or guest speakers, and will eventually help with your externship placement.

Please select your concentration from the list below. We will confirm this selection approximately two-thirds of the way into the classroom portion of the program, prior to your externship placement. Your concentration may be changed at that time.

- RESTAURANT OR BAKERY
- FOOD MEDIA (COOKBOOK WRITING, RECIPE DEVELOPMENT, OR FOOD STYLING)
- FOOD ENTREPRENEURSHIP

For more information about concentrations, please visit the Culinary Arts or Pastry & Baking Arts pages at www.sfcooking.com.

APPLICATION FEE

A nonrefundable application fee of \$50 is required with your completed application and will be applied to the total cost of your tuition. The application fee should be processed online: sfcooking.com/pro-payments

TUITION SCHEDULE

Tuition for the Culinary Arts and Pastry & Baking Arts Certificate programs at SFCS is \$32,015 plus a kit fee of \$600.

These fees are applicable for all enrollments through February 2020. Applications received through March, 1 2020, are subject to a tuition increase. All payments can be made using the link bit.ly/SFCookingPayments.

	First Payment	Second Payment	Third Payment	Final Payment
	Nonrefundable Application Fee	First Tuition Deposit: 33% Tuition + Kit Fee	Second Tuition Deposit: 33% Tuition	Final Tuition Deposit: 33% Tuition
Amount	\$50	\$10,655 + \$600 = \$11,255	\$10,655	\$10,655
Due Date	With Application	Within 10 days of receiving the enrollment contract.	Last day of business before the first day of school	FT: The end of week 10 PT: The end of week 20

I understand that SFCS does not take any government financial aid and that I am fully responsible for my tuition as per the schedule indicated above. INITIAL HERE: _____

Your criminal history may affect your admission into SFCS. Your signature on this application provides consent to run a criminal background check.

It is the applicant's responsibility to respond truthfully and accurately to all questions on the application for admission. Any applicant who furnishes either false or misleading information on the application can be disqualified as an applicant for admission. If SFCS accepts the applicant and subsequently discovers that false or misleading information was furnished on the application, SFCS may terminate the student's privilege to continue his or her education at SFCS without reimbursement.

I certify that all information on and enclosed with this application is true. I understand that it is my responsibility to forward necessary application materials to complete my file for review and will inform the Admissions Department, in writing, of any changes of information regarding my file, especially concerning employment. I understand that this application and all supporting materials become the property of SFCS once submitted and will not be returned.

SIGNATURE OF APPLICANT (REQUIRED)

DATE

PAYER SIGNATURE (If Not Applicant, Please Print)

DATE

PAYER'S NAME (Please Print)

PAYER'S STREET ADDRESS

CITY

STATE

ZIP

PAYER'S EMAIL ADDRESS

HOME PHONE

MOBILE PHONE