



**American Culinary Federation**  
The Standard of Excellence for Chefs

**ACF Cape Cod & Islands Chef's Association**  
**Student Scholarship Application**

**Personal Information**

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

ACF # (If applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

**Education**

Current School: \_\_\_\_\_

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

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

Anticipated Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**Post-Secondary Education**

Educational Institution: \_\_\_\_\_

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

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

Degree Pursued: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Industry Experience (include current and previous employment and apprenticeship opportunities)**

Employer	Position	Supervisor	Length of Employment

**References (include 3 references)**

Name	Position/Title	Contact Information	Relationship

**Participation in culinary competitions within the last 12 months**

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer for school or industry activities within the last 12 months**

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**American Culinary Federation involvement within the last 12 months**

Event/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Event/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Event/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**Question 1:** Explain why you would be a good candidate for this scholarship.

**Question 2:** What do you hope to contribute to the culinary industry?

**Question 3:** Describe the importance and benefits of becoming a member of a professional organization?

**Question 4:** Describe how important community service is to you?

**Question 5:** How are you planning on furthering your education after graduation?

ACF Member: Yes \_\_\_\_\_ No \_\_\_\_\_

If no; ACF Member Sponsor \_\_\_\_\_

Contact Information: \_\_\_\_\_

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

**Application Deadline: April 24, 2020**

Please forward applications to Dan Ferrare CEC, CCA by deadline via mail or email:

ACF Cape Cod & Islands Chef's Association

C/O Dan Ferrare

P.O. Box 341

Osterville, MA 02655

Or

danielferrare@comcast.net

