

# **ARROWHEAD PROFESSIONAL CHEF'S ASSOCIATION**



## **SCHOLARSHIP APPLICATION**

### **PERSONAL INFORMATION**

NAME:

ADDRESS:

PERMANENT ADDRESS:

PHONE NUMBER:

SOCIAL SECURITY NUMBER:

E-MAIL:

DATE OF BIRTH:

### **EDUCATION**

HIGH SCHOOL:

GPA:

PRIMARY ADVISOR:

PHONE NUMBER:

EXTRACURRICULAR ACTIVITIES:

### **SECONDARY EDUCATION**

SCHOOL:

GPA:

PRIMARY ADVISOR:

EXTRACURRICULAR ACTIVITIES:

**PLEASE DESCRIBE YOUR FOOD SERVICE RELATED WORK EXPERIENCES:**

**PLEASE TELL US ABOUT YOUR CULINARY INSPIRATIONS:**

**PLEASE TELL US ABOUT YOUR ACADEMIC PLANS AND YOUR CAREER GOALS:**

**PLEASE LIST THREE REFERENCES NOT RELATED TO YOU:**

<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE NUMBER</u>
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1:

2:

3:

I HEREBY GIVE ARROWHEAD PROFESSIONAL CHEF'S CLUB AND ITS AGENTS PERMISSION TO CONTACT THE REFERENCES AND ADVISORS LISTED REGARDING ACADEMIC PERFORMANCE, ATTENDANCE AND CHARACTER

SIGNATURE:

DATE:



Please mail completed application to:

PO BOX 16486  
Duluth, MN. 55816