



American Culinary Federation
The Standard of Excellence for Chefs

ACF Cape Cod & Islands Chef's Association
Professional 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

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Post-Secondary Education

Educational Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Degree Pursued: _____

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: Describe your leadership qualities and provide an example of how you have utilized them in a work environment.

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

Question 3: Describe the importance and benefits of being 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?

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