

ACF
American Culinary Federation
Chefs of Northwest Indiana
John W Melby
Scholarship Packet



*American Culinary Federation
Chefs of Northwest Indiana*

Scholarship Chairman
James Galligan

For The Year 2011



Chefs of Northwest Indiana Eligibility Information

To be considered by the scholarship committee, an applicant must:

- Be a student.
- Be currently enrolled in a two or four year culinary program.
- Have completed High School.
- Have a career goal of becoming a cook, chef, or pastry chef.

Send the following items to:

ACF Chefs of Northwest Indiana
P.O. Box 9140
Michigan City, Indiana 46360
Attn: Scholarship Chair James Galligan

1. Completed packet.
2. One letter of recommendation from industry and/or culinary professional.
Attach to packet. (This person may not be related to the applicant in any manner.)
3. Write a 250-word paper on "Why you should receive a scholarship from the ACF Chefs of Northwest Indiana?" Attach to packet.
4. List culinary activities both ACF and civic.
5. Attach a picture of yourself dressed in chef whites.

Recipients selected by the ACF Chefs of Northwest Indiana Committee will be announced at the general monthly meeting.

Note: Scholarship packet is subject to change.



Application

Section 1 Personal Information

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Social Security # _____

Section 2 Current Education

Culinary school for which this scholarship would be used

Educational Institution _____

Address _____

City _____ State _____ Zip _____

Dates Attended _____

Course of study _____

Section 3 Educational Background

Educational Institution _____

City _____ State _____ Zip _____

Dates Attended _____

Educational Institution _____

City _____ State _____ Zip _____

Dates Attended _____



Section 4 Current Employment

Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Employment Dates _____

Specific Job Title _____

Immediate Supervisor/Title/Phone Number _____

Section 5 Past Industry Experience

Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Employment Dates _____

Specific Job Title _____

Immediate Supervisor/Title/Phone Number _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Employment Dates _____

Specific Job Title _____

Immediate Supervisor/Title/Phone Number _____

