

American Culinary Federation Chefs Las Vegas

Professional Culinarian Application for Scholarship



Name of Applicant

For ACF Board of Directors Use Only

Date Received: _____ **Received by:** _____

Date Sent to Board: _____

Scholarship Awarded: _____ **Amount:** _____

NOTES:



ACF Chefs Las Vegas - Scholarship Guidelines and Application

Professional Culinarian

Scholarship Information

The ACF Chefs Las Vegas will award **six scholarships per year for a maximum of \$500 each** for Professional Culinarian members to attend continuing education classes, for-credit classes, and educational conferences.

Scholarship applications will be reviewed continuously through the year until the six scholarships are awarded.

- All applications must be received by the Scholarship Chair by the 20th of the month.
- Copies will be reviewed by all members of the Board of Directors and voted on at the next board meeting.
- Applicants will receive written confirmation of the decision within two weeks and the scholarship award will be announced at the next general meeting.

All scholarship awards will be made by check, payable to the member, after submission of proof of registration in the activity.

The recipient must also submit proof of actual attendance and successful attendance in the activity. If this is not done within one month of the expected completion date, the member will be subject to penalty, including reimbursement of all funds paid and revocation of chapter membership.

Scholarship Criteria

- Must have been a Professional Culinarian (formerly active) member of the ACF Chefs Las Vegas for at least two years prior to submitting the application and at the time of receiving the funds.
- Must have attended a combination of at least six chapter or national ACF activities within the year prior to submitting the application. Chapter activities could include dinner meetings, board meetings, Chefs for Kids breakfasts or dinner, golf tournament, associate board Taste functions, or chapter sponsored competitions and certification testing.
- Must demonstrate a passion and commitment for the culinary industry.

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Scholarship Requirements

The application will be considered incomplete and will not be reviewed by the Board if it is missing any required items. The applicant is responsible to ensure the legibility, accuracy and completeness of the application and its supporting documentation.

Supporting documentation that must be attached to this application includes:

- A current resume
- A 500 – 700 word essay describing what the scholarship will be used for, why you are deserving of this scholarship, and how your attendance will benefit you and the ACF Chefs Las Vegas. This essay should include information regarding your passion and commitment to the culinary industry and your involvement with ACF Chefs Las Vegas and other community organizations.
- One completed recommendation form, from past or present employers, culinary or hospitality instructors, or other industry/community professionals.

Applicants will be considered on the basis of amount of culinary experience, commitment to the industry and the chapter, strength of applicant's statement, strength of reference sheets, and overall professionalism of the application.

Return completed application and required attachments to:

ACF Chefs Las Vegas Scholarship Committee

C/O Jean Hertzman, Ph.D., CCE
4026 Chalfont Ct.
Las Vegas, NV 89121

ACF Chefs Las Vegas - Scholarship Guidelines and Application

Professional Culinarian Application Form

Personal Information:

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

E-mail address: _____

Educational Activity Information:

Name of program: _____

Name of sponsoring organization: _____

Dates of program: _____

Total cost of program: _____

Purpose of attending program: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Applicant's Statement of Verification:

I, the undersigned applicant, pledge that the information submitted in this application is true and correct. I understand that any willfully false statement, attachment or documentation will prompt permanent barring from receiving an ACF Chefs Las Vegas Scholarship.

Signature of Applicant: _____ Date: _____

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Professional Culinarian Recommendation Form

TO THE APPLICANT: Please give this form to an individual who is familiar with your culinary and academic potential and plans for continued education. Please have the evaluation mailed directly from the evaluator to:

ACF CHEFS LAS VEGAS SCHOLARSHIP COMMITTEE

c/o Jean Hertzman, Ph.D., CCE
4026 Chalfont Ct.
Las Vegas, NV 89121

Applicant's Name: _____ SS #: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

TO THE RATER: The applicant named above is being considered for an ACF Chefs Las Vegas Scholarship and has asked that you rate his or her ability, background, and personality. Your cooperation in making these ratings will assist in evaluating the applicant. Please mail the completed form directly to the Scholarship Committee at the address above.

1. How long have you known the applicant and in what capacity? Please give dates if possible.

2. Include any particular strengths which he or she possesses, as well as any areas needing improvement. We appreciate your candid appraisal.

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Professional Culinarian Recommendation Form

Recommendation Form *Continued*

3. Please rate (by checking) the applicant in each area listed below in comparison to other potential students you have known. If you are not familiar with a particular characteristic for the student, please leave that item blank.

	Outstanding 5	Superior 4	Adequate 3	Marginal 2	Inferior 1
Intellectual Ability					
Oral Communication Skills					
Written Communication Skills					
Culinary Skills					
Hospitality Mindset					
Ability to Work with Others					
Motivation/Perseverance					
Sense of Responsibility					
Maturity and Stability					
Dependability and Punctuality					
Energy Level					
Initiative					
Leadership Potential					

Name: _____ Signature: _____

Date: _____ Position: _____

School/Company: _____

Phone Number: _____

E-mail Address: _____

Thank you for your time and consideration!