



American Culinary Federation  
Long Island Chapter

**American Culinary Federation Long Island Chapter  
Professional Development Scholarship Application  
Eligibility Information  
DEADLINE May 13, 2016**

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

- Maintain Member status in good standing with the ACFLI Chapter and have good attendance at meetings.
- By accepting this scholarship the recipient commits to make a 45 minute presentation at a chapter meeting.
- Scheduling of the presentation is organized by the candidate prior to class with the chapter's education chair.
- Professional Picture in Chef Coat & Toque
- Include a brief description of the type of continuing education credits only, non-degree bearing, that member is seeking to gain, and where it is being given. e.g. Types of approved continuing educational opportunities - ACF Conference or National Convention, Culinary Continuing Education classes at a school (Callebaut, Vahlrona, King Arthur, CIA, ICE, Rosedale) or any industry conference, etc.
- Provide documentation of the educational opportunity.
- Awards can not be split between more than 1 event

\*\* Note all checks need to be made out to the educational/ Conference only and can only be used for registration and classes. Travel, food and entertainment can not be covered.

# Section 1: Personal Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

Home Phone (    ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Part A - Educational Background

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

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

Dates Attended \_\_\_\_\_

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

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

Dates Attended \_\_\_\_\_

## Part B: Work Documentation

Organization: \_\_\_\_\_

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

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

Phone Number ( ) \_\_\_\_\_

Specific Job Title \_\_\_\_\_

Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Phone Number ( ) \_\_\_\_\_

Specific Job Title \_\_\_\_\_

Name/Title/Phone Number of Immediate Supervisor \_\_\_\_\_

## Personal Response Questions

In 500 words or less please write an essay reflecting the following points:

- What you expect to learn from your experience taking the class. How will this help you in your work environment?
- Why did you choose this educational experience?
- What do you expect to bring back to the chapter and its membership?

All applications\* must be e-mailed no later than **May 13<sup>th</sup>, 2016** to:

**[SCHOLARSHIPS@LICHEFS.COM](mailto:SCHOLARSHIPS@LICHEFS.COM)**

**\*NOTE- ALL APPLICATIONS MUST BE SUBMITTED VIA E-MAIL IN A PDF FILE. NO OTHER FORM OF APPLICATION WILL BE ACCEPTED. CONFIRMATION EMAILS WILL BE SENT ONCE YOUR APPLICATION IS RECEIVED.**