



Indiana University of Pennsylvania

ACADEMY OF CULINARY ARTS

APPLICATION FOR ADMISSION

Program Start Date: Fall _____
(Year)

Programs you are interested in:

- Culinary Arts
- Culinary Arts and Baking & Pastry Arts
- Culinary Arts and Dietetics BS
- Culinary Arts and Hospitality Management BS
- Culinary Arts and Nutrition BS

SSN _____

Name _____ Former Last Name _____
(Last) (First) (Middle)

Permanent Address _____
(Number And Street) (City) (State) (Zip Code)

County _____ Country _____

Home Telephone _____ Daytime Telephone _____ Are you a Pennsylvania Resident? Yes No

E-mail (if available) _____ Parent/Legal Guardian _____

Optional Information (This information is voluntary. It is intended for statistical purposes only and will not be used as a factor in determining your admission to the academy.)

Gender: Female Male Date of Birth _____

Ethnicity
 American Indian/Alaskan Native Hispanic or Latino
 Asian/Pacific Islander Black or African American Non-Hispanic
 White Non-Hispanic Other (please specify) _____

You are (Please check one): U.S. Citizen Naturalized Citizen Permanent Resident Other (please specify visa type)

Please indicate family members who have graduated from IUP:

Father Mother Brother Sister Other (please specify) _____

High School Attended _____ Graduation Date _____
(Name of High School)

High School Address _____
(City) (State) (Zip Code)

High School Counselor _____ Telephone _____

Counselor E-mail (if available) _____

If you are a veteran of military service, please indicate your status: Active Reserve Inactive Reserve
 Duty Complete Active Duty

Have you ever been convicted of a felony? Yes (If yes, please attach a statement describing the circumstances)
 No

Colleges/Universities or Postsecondary Institutions attended (Add a separate sheet if you need additional space.)

Institution Name	Address	Dates Attended

Work Experience (Add a separate sheet if you need additional space or attach a resume if you prefer.)

Company Name	Address	Dates Employed	Position and Average Weekly Hours

List high school/community honors and awards _____

List school/community activities and positions held (Add a separate sheet if you need additional space.) _____

If you have taken a high school culinary or foods class, please list your instructor(s) _____

What is your favorite food to cook? _____

Who or what influenced you to study culinary arts? _____

Please choose in rank order no more than five (1-5) of the factors that influenced your decision to apply to IUP

- | | | |
|---|---|--|
| <input type="checkbox"/> IUP Literature | <input type="checkbox"/> College Fair | <input type="checkbox"/> High School Counselor |
| <input type="checkbox"/> IUP Staff | <input type="checkbox"/> Current Academy Student | <input type="checkbox"/> High School Teacher |
| <input type="checkbox"/> IUP Visits | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> High School Visit |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Alumni (other than family) | <input type="checkbox"/> Website |

TO BE READ AND SIGNED BY ALL APPLICANTS

I understand that any misrepresentation of facts on this application will be cause for refusal or cancellation of my admission to IUP Academy of Culinary Arts.

Signature _____ Date _____

*Please mail all culinary admission application documents to:
 Indiana University of Pennsylvania, Culinary Admissions, 1012 Winslow Street, Punxsutawney, PA 15767.*