



Tradition, Quality, Respect®



# UNDERGRADUATE APPLICATION FOR ADMISSION

## PROGRAM INTERESTS

PROGRAM INTEREST	SHIFT	EXPECTED START
<input type="checkbox"/> Cuisine <input type="checkbox"/> Baking & Pastry	<input type="checkbox"/> Day <input type="checkbox"/> Night	
<b>PROGRAM</b>		
<input type="checkbox"/> Diploma A: Cuisine <input type="checkbox"/> Diploma B: Pastry & Baking <input type="checkbox"/> Diploma C-1: Culinary Arts – Specialty in Cuisine <input type="checkbox"/> Diploma C-2: Culinary Arts – Specialty in Baking & Pastry	<input type="checkbox"/> AAS CA: Culinary Arts <input type="checkbox"/> AAS BP: Baking & Pastry Arts <input type="checkbox"/> AAS CAS: Culinary Arts - Specialty in Cuisine <input type="checkbox"/> AAS BPS: Baking & Pastry Arts – Specialty in Baking	

## PERSONAL DATA

TITLE	LAST NAME	FIRST NAME	MIDDLE	SUFFIX
NICKNAME		MAIDEN NAME		DATE OF BIRTH (mm/dd/yyyy)
ADDRESS				
CITY		STATE	ZIP	COUNTRY
HOME PHONE		WORK PHONE	EXTENSION	OTHER PHONE
COUNTY		EMAIL	OTHER EMAIL	SOCIAL SECURITY
DRIVERS LICENSE #		DL STATE	HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF YES, EXPLAIN)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## DEMOGRAPHICS

Providing this information will not adversely affect your admission at the Culinary Institute Alain & Marie LeNôtre. It is needed for the Institute's IPEDS report to the Department of Education only.

<b>ETHNICITY:</b>	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Not Specified _____	<b>GENDER:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>CITIZENSHIP:</b>	<input type="checkbox"/> U.S. <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Other (specify country) _____	<b>MARITAL STATUS:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated
		<b>DISABLED:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe:
		<b>LEARNING DISABILITY:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe:
		<b>VETERAN:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of months or years served: _____

## EDUCATION

HIGH SCHOOL NAME	HIGH SCHOOL ADDRESS
GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No    GRAD DATE    ___/___/___
VOCATIONAL SCHOOL	VOCATIONAL SCHOOL ADDRESS
GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF VOCATION    _____    GRAD DATE    ___/___/___
COLLEGE NAME	COLLEGE ADDRESS
GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF DEGREE <input type="checkbox"/> AS <input type="checkbox"/> BA or <input type="checkbox"/> Some college    GRAD DATE    ___/___/___

## EMERGENCY CONTACT INFORMATION

**Emergency Contact(s)**

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

## MEDICAL INFORMATION

*Your instructor needs this information to better accommodate your learning needs. Any information you provide will be used only by the appropriate office and will not prejudice your application. You are not required to disclose a disability to the Admission Office.*

**Do you have any contagious illness OR previous injuries?**  Yes  No If, yes please explain.

**Do you have any impairment(s) that limit your participation in the Culinary Institute Alain & Marie LeNôtre hands on kitchen lab course of instruction?**  Yes  No If yes, please explain.

## FINANCIAL AID

**I am applying for Financial Aid?**  Yes  No

**I am applying for a Scholarship?**  Yes  No

**If you are an international student, will you need assistance for M1 VISA (Diploma Program)?**  Yes  No

**Will you need assistance for F1 VISA (AAS Degree)?**  Yes  No

**How did you hear about us?**

Internet  TV  Newspaper  Alumni  Current Student  Employer  Publication  Trade Show  School Recruiter

**Did you attend a special presentation at the Culinary Institute Alain & Marie LeNôtre?**  Yes  No

**Did you visit the Culinary Institute Alain & Marie LeNôtre at any time before applying for admission?**  Yes  No

**Do you have any obligations that keep you from participating in extracurricular activities?**  Yes  No

## FOR OFFICE USE ONLY

STUDENT #	PIN	LEAD SOURCE	LEAD DATE	LEAD TYPE	LEAD CHANNEL
ORIGINAL START DATE		CURRENT LDA	DATA BLOCK INDICATOR		DBI DATE
START DATE	SHIFT	GRADUATION DATE	COMMENTS		
	<input type="checkbox"/> Day <input type="checkbox"/> Night				

I declare that the information and documents submitted in conjunction with this application are true, correct, and complete to the best of my knowledge and belief. I understand that it is my responsibility to notify The Culinary Institute Alain & Marie LeNôtre of any subsequent changes regarding the information provided in my application. Misrepresentation in any application material may result in non acceptance or termination of my enrollment. The Culinary Institute Alain & Marie LeNôtre has my permission to verify the information given on the application. If I enroll at The Culinary Institute Alain & Marie LeNôtre, I agree that I will satisfy all financial obligations incurred by me and comply with and uphold the policies, rules, and regulations of the institute. I authorize The Culinary Institute Alain & Marie LeNôtre to publish for public relations my photograph or photographs in with I appear.

Applicant's Signature \_\_\_\_\_

Parent or Guardian Signature (if a minor age 17 or under) \_\_\_\_\_

Date \_\_\_\_\_

**TO BE CONSIDERED, YOUR APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS: (1) Completed Application form; (2) I.D. (copy of driver's license or one passport or I.D. picture); (3) Social security card; (4) Non-refundable application fee (\$50).**

**Culinary Institute Alain & Marie LeNôtre**  
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 Visit our Website at [www.culinaryinstitute.edu](http://www.culinaryinstitute.edu)