Indiana University of Pennsylvania

ACADEMY OF CULINARY ARTS

Please indicate the program(s) you may be interested in combining with Culinary Arts.

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

APPLICATION FOR ADMISSION TO CULINARY ARTS

Program Start Date: Fall _____ (Year) SSN_____

Name_____ Former Last Name_____
(Last) (First) (Middle)

Permanent Address_____
(Number and Street) (City) (State) (Zip/Postal Code)

County _____Country _____

Home Telephone_____ Cell Phone Number _____Are you a Pennsylvania Resident? □ Yes □ No

If providing a Cell Phone number, would you like to receive text messages from IUP? □ Yes □ No

E-mail (if available) _____

Gender: □ Female □ Male Date of Birth_____ Parent/Legal Guardian_____

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.

What is your ethnicity?
□ Hispanic or Latino
□ Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be:
□ White
□ Black or African American
□ Asian
□ American Indian or Alaska Native
□ Native Hawaiian or Other Pacific Islander

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)

School Counselor_____Telephone_____E-mail (if available)_____

If you have attended a CTC or Vocational School please list it here _____
(Name of CTC or Vocational School)

Are you a veteran of military service? □ Yes □ No

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

Are you in good disciplinary standing at the other colleges/universities that you have attended? □ Yes □ No
(If no, please attach a statement describing the circumstances)

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 activities, honors and awards (Add a separate sheet if you need additional space.)_____

_____

Have you taken a high school culinary or foods class? □ Yes Please list your instructor(s)_____

□ No _____

Describe your cooking experience.(How long have you been interested in cooking? Do you cook at work or school? Do you cook for family and friends?)_____

_____

_____

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

_ IUP Literature
_ IUP Staff
_ IUP Visits
_ Parents
_ College Fair
_ Current Academy Student
_ Friend or Relative
_ Alumni (other than family)
_ High School Counselor
_ High School Teacher
_ High School Visit
_ 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 and/or enrollment into the IUP Academy of Culinary Arts. This application is for admission to the Culinary Arts program. Admission to the Baking and Pastry, Hospitality Management, Nutrition and Dietetics programs is contingent upon successful completion of the Culinary Arts curriculum and meeting the academic prerequisites for those programs.

Signature_____Date_____

Please mail all culinary admission application documents and $50 application fee to:
Indiana University of Pennsylvania, Culinary Admissions, 1012 Winslow Street, Punxsutawney, PA 15767