



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
- Culinary Dietetics BS
- Nutrition BS
- Family & Consumer Science Ed BS

APPLICATION FOR ADMISSION TO CULINARY ARTS

Program Start Date: Fall _____ SSN _____
(Year)

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 No (If yes, please attach a statement describing the circumstances.)

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 No

Please list your instructor(s). _____

Tell us about your cooking experience, interests and educational goals (Add an additional page if you have more to share.)

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"/> Campus Visit | <input type="checkbox"/> IUP Staff | <input type="checkbox"/> High School Counselor | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Website | <input type="checkbox"/> Classroom Demo | <input type="checkbox"/> IUP Alumni | <input type="checkbox"/> High School Teacher | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Instagram or Facebook | <input type="checkbox"/> College Fair | <input type="checkbox"/> IUP Culinary Student | <input type="checkbox"/> Employer | <input type="checkbox"/> Friend |

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, Dietetics and Family and Consumer Science 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 \$25 application fee to:
Indiana University of Pennsylvania, Culinary Admissions, 1012 Winslow Street, Punxsutawney, PA 15767