



8700 Mayfield Road, Chesterland, OH 44026
p 440-729-7340 f 440-729-4546

Application for Admission

PROGRAM (Choose one)

___ Culinary Arts Certificate ___ Culinary Arts Diploma ___ Pastry Arts Certificate ___ Pastry Arts Diploma
___ Daytime ___ Nighttime Preferred Enrollment Date: _____ Projected Completion Date: _____

PERSONAL

Student: _____ Social Security # _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ E-mail: _____

Date of Birth: _____ Male: ___ Female: ___ Citizenship: _____

Are you in good physical condition? ____. If no, please explain _____

Person to contact in case of emergency: _____ Phone: _____

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective or penal institution? _____ If yes, please include a letter explaining the details.

EDUCATION

High School: _____ Address: _____

Graduation Date: _____ GED: _____

College: _____ Address: _____

Dates Attended: _____ Degree/Major: _____

Culinary/Pastry Arts Education: _____

EMPLOYMENT

Name of Employer: _____ Address: _____

Date Started: _____ Date Ended: _____ Hrs/Week: _____ Position: _____

Name of Employer: _____ Address: _____

Date Started: _____ Date Ended: _____ Hrs/Week: _____ Position: _____

Name of Employer: _____ Address: _____

Date Started: _____ Date Ended: _____ Hrs/Week: _____ Position: _____

ADDITIONAL INFORMATION

How did you learn about ICASI? _____

Have you applied to other schools? _____ If so, please list: _____

Please indicate the financial resources available to pay for your education:

Cash: _____ Credit Card: _____ Loan: _____ VA: _____ Government Agency: _____

Do you have any food allergies or religious beliefs that prohibit you from eating certain foods? _____

If yes, please explain: _____

Do you have any disabilities that might necessitate special accommodations? _____

If yes, please explain: _____

PERSONAL ESSAY

Please attach a brief essay describing your background, why you wish to pursue an education in the culinary profession and your short- and long-term goals. ICASI selects students for admission based on their ability to successfully demonstrate their interest, motivation, confidence and ability to succeed in the ICASI programs.

LETTERS OF RECOMMENDATION

Please provide two letters of recommendation addressing why you are a good candidate for admission in the culinary or pastry arts program. The letters should not be from persons related to you.

APPLICATION REQUIREMENTS

Your application will not be considered until the following materials are submitted:

- Completed Application
- Personal Essay
- Two Letters of Recommendation
- Official copy of High School or College Transcript
- Entrance Exam (Please schedule with the Admissions office)

It is the applicant's responsibility to forward all supplemental materials to the Admissions Department. Do not send any original diplomas or certificates. ICASI does not return any material sent as part of the admissions process. Admission does not guarantee immediate registration. Due to the hands-on nature of culinary education, ICASI limits class size to maximize student-teacher interaction. You will be notified of registration options after admission to ICASI is approved. Preference for starting dates will be given according to the date that this completed application is filed. Students accepted into the program are required to sign an Enrollment Agreement. Upon receipt of the signed Enrollment Agreement by ICASI, students will be eligible to register for classes.

I have read this application and attest that the information provided is true. I give ICASI permission to verify the information provided. I understand that if I furnish false or misleading information on the application, I may be disqualified as an applicant, even after acceptance for admission.

Applicant Signature: _____ Date: _____

ICASI is committed to the policy that all person shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.