CENTRAL MARYLAND CHEF'S & COOK'S ASSOCIATION

SCHOLARSHIP APPLICATION

Application must be completed and returned no later than July 1st

Scholarship award is $1,000.00

Name: _____ ____ _____ Date:___/____/_____
First MI Last

Home Address:_____ _____, _____ _____
Street City State Zip

Email Address: _____ Tel #: _____

School Name: _____ Student ID#: _____

School Address: :_____ _____, _____ _____
Street City State Zip

School Website: _____

Contact Person: _____ Tel#: _____

Graduation Date:____/____/__ Major: _____

GPA: (transcript required – minimum 3.0): _____ Total years to complete program: _____

Work experience (attached your resume)

Foodservice career objectives (be specific use as many additional pages as needed):

_____

_____

_____

Please tell us why you deserve this scholarship (use additional pages as needed):

_____

_____

_____

Financial Aid Manager: _____ Tel#: _____

Financial Aid Signature: _____

RETURN: Application, resume, essay and transcript in one envelope to:
CMCCA
Attn: Chef Keith Molesworth_
9 Burnsway Court
Nottingham , MD 21236-3003