



## Application for Crossroad Culinary Institute

Thank you for your interest in the CrossRoads Culinary Institute. Applications will be reviewed by the CrossRoads Culinary team and applicants meeting initial approval will be scheduled an interview. Final admission decisions will be made following the interview.

Please see the CrossRoads website at [www.crossroadsfreedomcenter.com](http://www.crossroadsfreedomcenter.com) for details about the coursework, program fees, payment arrangements, and obtaining college credit.

Completed applications and a \$25 non-refundable application fee should be sent to the address below. Checks should be written to CrossRoads Freedom Center.

CrossRoads Freedom Center  
4730 Ijamsville Rd.  
Ijamsville, MD 21754

### Personal Information

Name		
Address City/State/Zip		
Email		
Phone	Cell	Home
Date of Birth		

### Interest and Goals

1. Why are you interested in attending the CrossRoads Culinary Institute?
  
  
  
  
  
  
  
  
  
  
2. Immediately following graduation from the Crossroads Culinary Institute, do you intend to secure full-time (at least 30 hours a week) continuous employment in the food service industry as a culinary professional for at least 6 months?
  - YES

- NO

**Work & Study Habits**

3. Are you able to commit two years to complete the program? If not, explain why not.
4. Describe any learning disabilities that might interfere with your ability to complete coursework. (ie; limited reading or writing ability)
5. Describe any physical disabilities or limitations that might interfere with your ability to meet the physical demands of the coursework (standing, lifting, knife work, etc).
6. List any food allergies or dietary restrictions you have.

**Past Experiences**

7. Have you had a prior culinary experience (classes, restaurant work, catering, etc)? If so, describe below.
8. Rate your culinary skill-set below (preparing, cooking, baking foods)

1	2	3	4	5
No skills	Minimal skills	Some skills	Good skills	Strong skills

9. How did you hear of Crossroads Culinary Arts Program?

**Emergency Contact**

Name	
Address City/State/Zip	
Phone	
Relationship	

**Previous Education**

Check all that Apply	Where?	When?	Completed ? Yes/No
<input type="checkbox"/>	GED		
<input type="checkbox"/>	High School		
<input type="checkbox"/>	Technical/Career Training		
<input type="checkbox"/>	Post Secondary (list below)		
<input type="checkbox"/>			
<input type="checkbox"/>			

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(For Office Use Only)

Pre Screening Interview Date \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Applicant Accepted

\_\_\_\_\_ Applicant Denied

Start Date: \_\_\_\_\_

Date: of Completion: \_\_\_\_\_