

Culinary Arts Application

This application must be completed by transfer students and current Potomac High School students.

Application must be returned to Mrs. Norwood at Potomac High School by March 31.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Email: _____ I am applying to: Culinary Arts 1 Culinary Arts 2

Grade (current school year): _____ Current School: _____ Birthdate : _____

Are you interested in pursuing a career in culinary arts (Chef, Dietician, Food Science)? YES NO Did you take Introduction to Culinary Arts? YES NO

Have you ever had disciplinary issues at school? _____ YES NO Explain: _____

Recommendations

Please list the two teachers who will be completing your recommendation forms

Teacher Recommendation A _____
Teacher's Name Subject Taught

Teacher Recommendation B _____
Teacher's Name Subject Taught

Declaration of Intent

Please answer these questions to your best ability. Please attach your **typed responses** to this application

- 1) Why do you want to be a part of the culinary program here at Potomac High School?

- 2) What do you feel are your strongest and weakest skills/traits (they do not have to be culinary related)?

- 3) If you are accepted into our program, what do you hope to take away from the experience?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release by the employer.

Applicant's
Signature: _____ Date: _____

Parent/Guardian Acknowledgement

I certify that my child _____ has my permission to apply for the Culinary Arts Program at Potomac High School.

I understand that Culinary Arts 1 and Culinary Arts 2 are **DOUBLE BLOCKED classes** that require 3 hours of instruction and lab experience every other day.

I understand that there is a **\$50.00 lab fee (due each year)** for Culinary Arts 1 and Culinary Arts 2.

Please write a brief narrative as to why you feel your child/applicant would be a strong candidate for our culinary program here at Potomac High School:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in this application may result in my child's release by the employer.

Parent/
Guardian
Signature: _____ Date: _____

TEACHER RECOMMENDATION FOR CULINARY ARTS I APPLICANT

(To be completed preferably by your Intro to Culinary Teacher, Nutrition and Wellness Teacher or any other CTE teacher.)

Teachers,

Please return this form to the student in a sealed envelope with your signature over the seal. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Culinary Arts Program at PSHS.

Using a scale of 1 (weakest) to 5 (best), please rate this applicant in the following areas. You may select "N/A" if a category is not applicable in your class or in the context in which you know the student.

Applicant's Name:

Recommending Teacher's Name: _____ Subject taught: _____

How long have you know the applicant?

Categories	1	2	3	4	5	N/A
<i>Attention to detail in written and practical assessments</i>						
<i>Leadership Skills</i>						
<i>Dependability/Commitment</i>						
<i>Ability to accept constructive criticism and correct mistakes</i>						
<i>Ability to work in groups</i>						
<i>Ability to effectively and accurately follow multi-step directions</i>						
<i>Ability to communicate effectively and constructively with faculty and other students</i>						
<i>Motivation/Desire to follow through on tasks</i>						
<i>Attendance</i>						
<i>Individual academic achievement</i>						

NARRATIVE: Why do you feel this student would be an asset to our culinary arts program here at Potomac High School? _____

