

# Culinary Arts Tech Prep/College in the HS

Offered through the Capital Region BOCES Career & Technical School

## Student Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home School: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

### **Qualifications for Culinary Arts Tech Prep/College in the High School:**

- High school senior, academically on track.
- Communicates sincere interest in the field of culinary arts & hospitality.
- Positive attendance and behavior patterns.
- Ability to work independently and cooperatively.
- Good communication skills (i.e. writing, speaking, listening).

### **Requirements for consideration:**

1. Completion of this application.
2. Submission of high school transcript including grades of courses currently in progress.
3. Submission of a recommendation by a school official such as a guidance counselor, principal, teacher or administrator.
4. Most recent I.E.P. if applicable.
5. Selected students may be contacted for an interview to clarify their application.

### **Completed application should be sent to:**

Capital Region Career & Technical School

Career Center

1015 Watervliet-Shaker Road

Albany, NY 12205

(518) 862-4816

Fax (518) 862-4818

### **Home high school guidance counselor's approval:**

Counselor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Name:**

**Program Applied For:**

1. Please indicate why you are interested in this program, including your ambitions and long-term plans.

2. Please list volunteer, work and/or extracurricular activities.

**Student's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Student's Name:  
Program Applied For:

**School Official's Recommendation/  
Discipline & Attendance Records**

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	No basis to judge	Low				High	
		1	2	3	4	5	6
Ability to get along with others							
Ability to work in a group							
Ability to work independently							
Academic ability							
Dependability							
Ease with adults							
Flexibility							
Maturity							
Self motivation							
Verbal skills							
Writing skills							
Organizational skills							

Diploma goal:  IEP  Local  Regents  Adv. Regents

Is the student receiving special education services?  Yes  No

Please indicate the number of absences this student has had to-date during this academic year:  
**# of absences:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

Please provide a narrative with supporting or clarifying information for any and all of the above areas. Please include information about **disciplinary concerns**. Feel free to add any material you feel would be helpful in evaluating this applicant.

School Official's Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_