Overview
The 180º Culinary Arts Training at City of Refuge is a 10-week certificate level program offered by the City of Refuge (www.cityofrefugeatl.org). Upon successful completion of the program, students will have achieved the Certificate of Apprentice as well as their ServSafe Certification. Training will take place at City of Refuge Monday through Friday, 9am-3pm for 10 consecutive weeks. Training will consist of classroom (lecture, assigned reading, written responses, examination and review) and lab (food preparation) experience.  

The next CAT course will begin on Tuesday, May 3, 2016.

Selection of Students
Candidates for on-site interview will be selected based upon answers to questions in this application. Out of the interview candidates, 12 students will be chosen for the next Culinary Arts Training class based on student’s financial need, extracurricular activities, enthusiasm for personal growth, passion for culinary arts and interview.

Application Deadline
Completed applications must be received no later than Thursday April 21, 2016. Qualifying applicants will be contacted to schedule on-site interviews.

Personal Information:

*Note: All information recorded in this application is confidential and will be used solely for determination of candidacy for the 180º Culinary Arts Training at City of Refuge. Please be aware that City of Refuge is a smoke-free campus.

Last name: __________________________ First name: ___________________________ MI: ______

Home address: __________________________________________________________________________

City: ___________________________ State: _______ Zip: _______________

Home phone: (______) ___________________ Cell phone: (_____) ________________________

E-mail: ___________________________ Social Security Number: ___________________________

Driver’s License Number: ____________________________________________________________________
Do you currently own or have access to a car that is in driving condition, with current registration and insurance?  YES / NO

Marital Status: _____Married   _____Divorced   _____Single   _____Widowed

Number of Children: __________  Ages: _______________________________________

Referred to City of Refuge by: ________________________________________________

**BACKGROUND:**

How would you describe your current living situation:

_____ Rent/Lease   _____ Own   _____ Shelter/Transitional Housing   _____ Supportive Housing

_____ Live with Parents/Family/Friend

Are you currently unemployed? ___________ Receiving unemployment benefits? __________

If employed, what is your current schedule?

_______________________________________________________________________________

Do you receive any other form of benefit or court awarded income? Y / N  Describe.

_______________________________________________________________________________

What is your highest level of education completed?

_______________________________________________________________________________

**Employment History:**

Name of Current/Last Employer: _________________________________________________

Address: _________________________________ State: _______ Zip: ________________

Phone Number: (_____) ________________________________

Specific Job Title: ____________________________________________________________

Name/Title/Phone Number of Immediate Supervisor: _____________________________

Start and End Date of Employment: _____________________________________________

Salary/Hourly Wage: _______________________________
Name of Previous Employer: ________________________________________

Address: ____________________________________________________________

City: __________________________ State: _________ Zip: ________________

Phone Number: (____) ______________________

Specific Job Title: _________________________________________________

Name/Title/Phone Number of Immediate Supervisor: ______________________

Start and End Date of Employment: ________________________________

**Required Written Response:**
In a separate document, complete each essay question listed below. Each question is worth a possible 5 points for a total of 25. Answers must be a minimum of 50 words per question.

- **Question 1:**
  Describe any previous culinary experience.

- **Question 2:**
  Describe your leadership ability and teamwork building skills with your peers and co-workers.

- **Question 3:**
  Provide an example of how you have utilized your leadership skills in a work environment.

- **Question 4:**
  What do you hope to contribute to the culinary industry?

- **Question 5:**
  Describe the importance and benefits of becoming a member of a kitchen team.

- **Question 6:**
  Describe how important service is to you.

- **Question 7:**
  Are you planning on furthering your education after graduation? If yes, how?
I hereby certify that the information I have submitted is correct. I authorize the release of this information to the City of Refuge review committee and will provide additional information or verification upon request.

If accepted into the 180° Culinary Arts Training, I grant permission to the City of Refuge and its subsidiaries to use the information included in this scholarship application for distribution in both printed and digital matter. I understand that I will not be compensated and that I may not be notified of each use.

*Please be aware that City of Refuge is a smoke-free campus.*

Applicant Signature __________________________________________

Date ______________________

Please remit to:
City of Refuge
180° Culinary Arts Training
ATTN: Tony Johns
1300 Joseph E. Boone Blvd. NW
Atlanta, GA  30314

OR EMAIL TO:

tony@cityofrefugeatl.org
“Culinary Arts Training” in the subject line

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**To be completed by referring agency:**

Drug screen complete? Y / N  Drug Screen Results: __________________________

________________________________________

Background check complete? Y / N  Background check results: __________________________

________________________________________

*NOTE: Please attach a copy of drug screen and background check results paperwork*

Referring Agency: __________________________

Agency Representative: __________________________

Print Name  Signature  Date