

# Culinary Academy Student Application



## Contact Information

Name	
Street Address	
City ZIP Code	
Home Phone	
E-Mail Address	

*Applications must be submitted by October 10, 2017 at Providence Youth Services located at 640 Broad St. Providence, RI 02907.*

## Academic Information

Please answer the following questions to the best of your ability:

- GPA or Average Grades \_\_\_\_\_
- Years of High School Completed \_\_\_\_\_ OR GED circle (yes/no)
- Do you plan on attending college \_\_\_\_\_ Circle (yes/ no/ unsure)

## General Information

Class runs Monday and Wednesday 3:30- 5:00 beginning October 16. Will you be able to attend all classes?

## Optional Information

Please answer the following information to your comfort level.

The YMCA of Greater Providence is committed to providing equal opportunities for volunteers regardless of membership in any protected class – such as race, color, religion, creed, sex, sexual orientation, age, national origin, physical or mental disability, ancestry, gender identity or expression, veteran’s status, or any other class protected by federal, state, or local laws. The questions on this application are not intended to elicit information regarding membership in any protected class. The YMCA will make reasonable accommodations in accordance with applicable law to enable a qualified individual with a disability to access the YMCA.

Ethnicity/Race (please check as many as apply)

- \_\_\_ White
- \_\_\_ Black or African-American

- Hispanic/Latino
- Native American or Alaskan/Hawaiian Native
- Asian
- Prefer not to answer

Preferred gender pronouns

- she/her
- he/him
- they/them

Please summarize why you would like to be a part of Culinary Academy.

What do you know about YMCA of Greater Providence/ Y on the Move/ Providence Youth Services?

### **Previous Work/Volunteer Experience**

Summarize your previous work/volunteer experience.

If you plan on attending college, will you be attending a two or four year program? What are other areas of interest to you or possible majors?

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

Applications must be submitted September 25, 2017 at Providence Youth Services located at 640 Broad St. Providence, RI 02907.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in learning with us.