



APPLICATION FORM

Preferred entry date: Indicate your **first** and **second** choice. We will do our best to accommodate your first choice, but class size is **limited** and most programs fill rapidly:

Full-Time:
_ July 19th
_ Sept. 15th
_ Oct. 26th

Part-Time:
_ Wed/Sat: Sept. 22nd
_ Tues/Sun Nov. 16th

How did you hear about the **Natural Gourmet Institute**? _____

Method of payment: Pd in Full by 1st day Monthly pmt.plan SLM Student loan

Name: _____ Nickname? _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____ Date of

Birth: _____

Social Security#: _____ (*non-U.S. citizen only*) Citizen of: _____

Do you have an allergy to any food that might impact your culinary education?

No Yes, Please explain: _____

High School Attended or G.E.D. (*Required for Admission*): _____

Year of Graduation: _____

College Attended: _____

Year of Graduation: _____ Degree: _____

I am ___ I am not ___ Presently Employed

Position _____

Employer &

Address: _____

In case of emergency, notify:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

NOTE: Please send this completed application form to the Admissions Dept. of Natural Gourmet Institute for Health & Culinary Arts and include the following:

- 1. \$150 registration fee**
- 2. Your answers to the essay questions on the back of this form.**

Please note that education documents, two personal and/or professional letters of recommendation, photo and resume are needed to complete the preliminary application process, but they may follow at a later date.

Student Signature _____ Date _____

