



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:

Daytime:
___ **Oct. 21st**
___ **Dec. 3rd**
___ **Jan. 21st**

Weekend/Evening:
_ **Wed/Sat: Sept. 18th**
_ **Tues/Sun: Nov. 12th**

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. \$100 registration fee (Non-refundable after 72 Hours)**
- 2. Your answers to the essay questions on the back of this form.**
- 3. EDUCATION DOCUMENTS ARE REQUIRED WITH THIS APPLICATION.**
Two personal and/or professional letters of recommendation, photo and resume are needed to complete the preliminary application process and must be submitted within 2 weeks of acceptance.

Student Signature _____ Date _____

