



THE  
FRENCH PASTRY  
SCHOOL

**Application**

*L'Art de la Pâtisserie (24-Week Certificate Program)*

<p><b>Application Requirements:</b></p> <p>Please complete all of the application requirements and submit your application to The French Pastry School.</p> <p>The application requirements are:</p> <ul style="list-style-type: none"> <li>◆ A completed application form.</li> <li>◆ Electronically write and submit your answers to the short essay questions.</li> <li>◆ Two letters of reference. Letters of reference should be from someone who can comment on your career progress, contribution to the community or academic progress. These may be mailed, emailed or faxed.</li> <li>◆ Request/send an official high school transcript or GED transcript.</li> </ul>	<ul style="list-style-type: none"> <li>◆ A copy of your resume. This may be mailed, emailed or faxed.</li> <li>◆ Two color passport photos (1.5" Square, 37.5mm square).</li> <li>◆ \$150.00 non-refundable application fee</li> </ul> <p>Applications may be: Emailed to: <i>info@frenchpastryschool.com</i> Mailed to: <i>Admissions</i> <i>The French Pastry School</i> <i>226 West Jackson Blvd., Suite 106</i> <i>Chicago, IL 60606</i> Faxed to: <i>312.726.2446</i></p> <p><i>This program frequently fills months in advance so send your application in as soon as possible.</i> <i>International students should contact the school directly for additional procedures.</i></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Personal Information:**

Male  Female

\_\_\_\_\_  
FIRST NAME                      MIDDLE                      LAST

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
DAYTIME PHONE                      EVENING PHONE

\_\_\_\_\_  
CELL PHONE                      FAX

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

Please identify a person The French Pastry School might contact in an emergency:

\_\_\_\_\_  
FIRST NAME                      MIDDLE                      LAST

\_\_\_\_\_  
DAYTIME PHONE                      EVENING PHONE

**Please indicate citizen status:**

U.S. Citizen

Permanent Resident with Alien Registration Number \_\_\_\_\_

Other

If Other, please indicate country of birth:

\_\_\_\_\_  
and country of citizenship:

Are you presently in the U.S.? \_\_\_\_\_

If you are in the U.S. and not a U.S. citizen, please indicate the type of visa you currently hold?

Are you applying for a Student Visa?

Yes  No

**Which program are you applying for?**

\_\_\_\_\_  
INDICATE START MONTH & YEAR

Please indicate first and second preference for class times:

\_\_\_ Morning Class (6:45 am – 12:45 pm)

\_\_\_ Afternoon Class (1:15 pm – 7:15 pm)

*(continued on back)*

**Educational Information:**

A minimum of high school graduation or equivalent is a requirement of The French Pastry School. Submit your *official high school transcript* or *GED transcript* documenting completion to satisfy our entry requirements. College and university transcripts are not required.

Please indicate below the highest level of education you have completed:

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
DEGREE/DIPLOMA

\_\_\_\_\_  
CITY/COUNTRY

\_\_\_\_\_  
DATE COMPLETED

If your transcript documents are issued by a non-U.S. institution in a language other than English, please contact the Director of Admissions for further instructions.

**Applicants with Learning or Other Disabilities, or Special Needs:**

Please advise of any special requirements, learning disabilities or physical disabilities that might affect your learning experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any information you provide will be used by the appropriate staff and will not prejudice your application. You are not required to disclose a disability to the Admissions Office, however, special consideration will not be provided if a disability is not disclosed.

**Short Essay Questions:**

All essay questions are to be emailed directly to [info@frenchpastryschool.com](mailto:info@frenchpastryschool.com).

All five essay questions should be answered in 150 words or less each.

1. Why have you chosen to pursue a career in pastry? Outline what exposure you have had to the pastry profession.
2. What do you consider are the most important qualities in a successful pastry chef?
3. Why did you select The French Pastry School for your pastry education?
4. What do you think will be your greatest challenge in completing the L'Art de la Pâtisserie program at The French Pastry School?
5. Give an example of how you have effectively contributed to a sport, community, school, work or volunteer team or group.

I certify that this information is true and correct to the best of my knowledge. I have read and understand the terms of this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

*We strongly advise students keep a copy of all submitted application and financial aid materials for your records.*

For marketing purposes, we would like to know how you came to hear about The French Pastry School:			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> CookingSchools.com	<input type="checkbox"/> Trade Show	<input type="checkbox"/> Other Media ( <i>specify</i> )
<input type="checkbox"/> Alumni Referral	<input type="checkbox"/> Culinaryed.com	<input type="checkbox"/> FPS Website	_____
<input type="checkbox"/> Chef Demonstration	<input type="checkbox"/> Open House	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other ( <i>specify</i> )
<input type="checkbox"/> Chef Referral	<input type="checkbox"/> Shawsguide.com		_____