SCHOLARSHIP INFORMATION + REQUIREMENTS

The Aarón Sánchez Scholarship Fund (ASSF) provides one recipient with a fully paid culinary scholarship to the Institute of Culinary Education (ICE) in New York City and a paid internship upon completion of the ICE program. Recipient must be an aspiring chef that is committed to bettering themselves and their community through food. The Aarón Sánchez Scholarship Fund program includes:

- Full tuition at the Institute of Culinary Education for an eleven-month Culinary Arts program
- School supplies (knives, uniforms, books, etc.)
- Housing in New York City for duration of ICE program
- Travel to New York for the start of the ICE program and home upon completion of program (flights, taxis, etc.)
- New York City metro card
- $200 grocery card upon arrival in New York
- Job placement assistant while in New York for ICE program
- Two-month paid internship at a mutually agreed upon restaurant upon completion of ICE culinary program
- Mentorship from Chef Aarón and other chefs

Upon completion of the eleven-month program at ICE, the Aarón Sánchez Scholarship Fund recipient will return home to complete a paid internship at a mutually agreed upon restaurant. Once all aspects of the ASSF program are completed, the recipient has the opportunity to apply for full time positions in the restaurant industry.

As a condition of the scholarship, the recipient is required to work during their time in New York. Additionally, the recipient must stay in their hometown for at least one year after completion of the ASSF program, work full- time in a restaurant, to be mutually agreed upon by recipient and Chef Aarón, and stay gainfully employed by the same restaurant for at least one year. From time to time, the recipient will be called upon to help work fundraising and recruiting efforts for future Aarón Sánchez Scholarship Fund programs. The scholarship is valid only at the Institute of Culinary Education for the specified courses and dates.

THE FOLLOWING REQUIREMENTS APPLY TO APPLICANTS:

- Complete the application form and short-answer questions.
- Submit all transcripts within the last five years. The Institute of Culinary Education requires a high school diploma or GED.
- One year of restaurant kitchen experience or graduation from the National Restaurant Association's Pro Start Program.
- Familiarize yourself with the Institute of Culinary Education prior to interview.
- Applicants must submit a minimum of 3 letters of recommendation from employers, teachers or community leaders.

SUBMITTING AN APPLICATION – DUE BY August 31st, 2021
By mail – mail completed application to:
Aarón Sánchez Scholarship Fund
1433 Elm Street, Stratford, CT 06615
By email – send completed application to: kate@chefaaronsanchez.com
For additional information, please call Kate Floberg at 646-299-3280

GENERAL INFORMATION

Name:_____

Street Address:_____

City:_____ Zip Code:_____

Cell Phone:_____Home Phone:_____Email Address:_____

Emergency Contact: _____ Phone: _____ Relationship:_____

Are you a U.S. Citizen? Yes No

If yes, provide SS#:_____If no, provide country of citizenship: _____

Primary Language: _____ Additional language(s) spoken:_____

Household Annual Income: _____ Race:_____

Age/DOB: _____

Facebook: @_____ Twitter: @ _____

Instagram: @ _____

EDUCATIONAL INFORMATION

List your highest level of education completed. Please note that the Institute of Culinary Education requires either a high school diploma or GED for admission.

_____

SUPPORTING DOCUMENTATION

Please list all attachments to this application. This may include but is not limited to: a resume, cover letter, green card, awards, letters of recommendation, etc. If you graduated from a National Restaurant Association Pro- Start Program, or a similar program, please include a letter from your instruction.

_____

_____

VOLUNTEER ACTIVITIES/COMMUNITY SERVICE

Please list any volunteer activities and/or community service you have done. Attach an additional sheet of paper, if necessary.

_____

EMPLOYMENT/APPRENTICESHIP HISTORY

You must have a minimum of one year of restaurant kitchen experience. List your employment history beginning with your most current position. Attach an additional sheet of paper, if necessary.

Current Employer: _____ Position:_____

Dates of Employment: _____

Responsibilities: _____

Previous Employer: _____ Position: _____

Dates of Employment: _____

Responsibilities: _____

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DISCIPLINARY RECORD

Have you ever received a guilty judgment or been convicted of a misdemeanor, felony or other crime? (Note: you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.)

Yes No

If you answered "yes" please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances and describes what you have learned from the experience.

Please tell us how you heard about the Aarón Sánchez Scholarship Fund (check all that apply)

- Social Media
- Email / Newsletter
- TV / Radio
- Family or Friend
- Other

Letters of Recommendation:

The Aarón Sánchez Scholarship Fund requires recipients to submit a minimum of 3 letters of recommendation and you can submit a maximum of 5 letters. These recommendations can come from employers (past or present), teachers or community leaders that can speak to your work ethic, drive and creativity. Please list the name of the person who has a letter of recommendation for you along with their contact information and attach the letters with your application when submitting. If you have any questions, please call 646-299-3280 or email kate@chefaaronsanchez.com.

Letters of Recommendation:

Name	Relationship	Phone Number	Email	Date

ABOUT THE APPLICANT

This is an important part of the application process. It is how we can get to know you and see your desire to receive this scholarship before we meet you in person. Please answer truthfully and completely.

Describe a hardship you have faced and how you have overcome it.

Why have you chosen a career in cooking?

Why do you want to attend the Institute of Culinary Education?

What is something you have achieved through determination?

What does community mean to you?

In what ways has your heritage or family legacy impacted you?

Where do you see yourself in five years?

What is your favorite thing to eat and where do you get it?

What is your favorite thing to cook and why?

What inspires you?

What challenges you?

Describe your work ethic.

What five words would friends use to describe you?

Who is your hero and why?

Please list 3-5 people who you ideally would like to be mentored by during your time in the program.

If you have any additional information you would like us to know about you, please include that here.

CONSENT, RELEASE, WAIVER AND INDEMNITY AGREEMENT

I,_____[Print Applicant Name], declare that I am over the age of twenty-one (21) years, that I have applied or hereby apply for a scholarship from the **Aarón Sánchez Scholarship Fund, or its affiliates or subsidiaries** (jointly, "**the Scholarship Program**"), to assist me in paying for tuition and related expenses for attending classes at the Institute of Culinary Education, New York, NY; and in consideration of **the Scholarship Program** considering my application:

1. I give my consent and authorize the Scholarship Program and its members, officers, employees, representatives and agents:
    a. To create and obtain, in the past, now and during the term of my attendance at the Institute of Culinary Education as well as any internship or employment I may subsequently have with Johnny Sánchez restaurant, photographs, images, video, audio, interviews and any other recordings or documents in any now known or future media, depicting me, my likeness, name, image or voice (collectively, "**the Recordings**"), including those containing my name, personal and biographical history, stories, and information (collectively, "**My Personal Information**"); and,
    b. To retain all rights of distribution, copyrights, and licenses, and to edit, summarize, reproduce, perform, display, distribute, publish, license, sell, broadcast, post, stream over the internet and otherwise use any and all parts of **the Recordings** forever and throughout the world, in any and all matters, and in any and all media that **the Scholarship Program** and its members, officers, employees, representatives, and agents should believe suitable
2. I agree that I shall have no right, title, or interest in or to **the Recordings**, and that all right, title and interest in and to **the Recordings** belongs to **the Scholarship Program**.
3. I waive any and all right to inspect or approve **the Recordings** prior to their use by **the Scholarship Program** in any way, or to payment or other compensation arising from or related to **the Recordings**.
4. I release and agree to indemnify, hold harmless and defend **the Scholarship Program** and its directors, members, officers, employees, representatives and agents from any and all claims and damages that I may sustain, including but not limited to those relating to theft, property damage, medical or hospital expenses, unintentional misspellings or inaccuracies in **My Personal Information** distributed by **the Scholarship Program**, or economic loss which may in the future arise out of or relate to: (a) **the Recordings**; (b) use of my name, image, voice, likeness, **Personal Information**, or other items; (c) my participation in or traveling to locations at the request of **the Scholarship Program** or its members, officers, employees, representatives and agents, and to New York; and (d) my residence in New York and attendance at the Institute of Culinary Education.
5. I further release and agree to indemnify, hold harmless and defend **the Scholarship Program** and its directors, members, officers, employees, representatives and agents from any and all claims and damages sustained by third parties, including but not limited to those relating to death, personal injury, theft, property damage, medical or hospital expenses, unintentional misspellings or inaccuracies **in My Personal Information** distributed **by the Scholarship Program**, or economic loss which may in the future arise out of or relate to: (a) **the Recordings**; (b) use of my name, image, voice, likeness, **Personal Information**, or other items; (c) my participation in or traveling to locations at the request of **the Scholarship Program** or its members, officers, employees, representatives and agents, and to New York; and (d) my residence in New York and attendance at the Institute of Culinary Education.

I further declare and agree that I make irrevocable all of the consents, acknowledgements, waivers, releases, indemnities and agreement set forth in this document, unless made in writing; that any provision of this agreement deemed unenforceable is severable from all others; that this agreement shall be governed by New York state law; and that I have

fully red and understood this agreement and that I sign and execute this agreement freely and voluntarily, as

Applicant Signature:_____Date: _____

TERMS OF AGREEMENT

I certify that I have read this application and the information I have written is accurate and complete to the best of my knowledge. I agree to provide any documentation necessary to verify this information.

Applicant Signature:_____Date: _____

For additional information, please visit www.AaronSanchezScholarshipFund.com.

Please direct questions to Kate Floberg
Email: kate@chefaaronsanchez.com
Phone: 646-299-3280

FOR OFFICE USE ONLY

Date Received: _____

Checked By: _____

Application Status:

Complete

- Incomplete
- Missing Documents: _____

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Notes:

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