



Culinary Institute of the Treasure Coast
at Indian River State College
Application for Admission
(Selective Admission/Full-time program)

IRSC Mueller Campus
6155 College Lane • Vero Beach, Florida 32966 • 772.226.2511 • culinary@irsc.edu

INSTRUCTIONS –

NO APPLICATION WILL BE PROCESSED UNLESS ALL OF THE FOLLOWING IS COMPLETED.

All documents required must be submitted to the Culinary Institute of the Treasure Coast located at Indian River State College Mueller Campus, 6155 College Lane, Vero Beach, Florida. This is a selective admissions program.

- 1. Complete and submit an Indian River State College Admission Application.
2. Complete and submit the Culinary Institute of the Treasure Coast Application (print clearly in ink or type), and return it with a \$30 (check or money order made out to Indian River State College) non-refundable/non-transferable application fee.
3. Submit two (2) Letters of Recommendation using the forms provided. Recommendations can be from a member of the community, a former or current teacher or instructor, or current employer.
4. Submit a Letter of Intent using the form provided. The Letter of Intent should contain a personal statement of your career goals, personal interest and any experience in the culinary or food industry.
5. Request former school and/or college(s) to forward transcript(s) to the Office of Admissions & Records at the IRSC Main Campus in Fort Pierce.
6. Apply for financial aid (if applicable).
7. Register for and take the required College Placement Test (at any IRSC campus).

Student ID # _____ Email address _____

Name _____
Last (please print) First M.I. and/or Maiden Name

List any other names under which record of your education, tests, or work experience may be recorded.

Name _____
Last (please print) First M.I.

Mailing address _____
Number and Street City State Zip

Home phone () Cell phone () Work phone ()

DISCLAIMER: I understand that completing this application does not guarantee admission into the Culinary Institute of the Treasure Coast. I give permission for Indian River State College to verify, if necessary, any information provided. I understand that any willful misrepresentation in these answers could result in my disqualification or dismissal at any time. Photographs and videos are occasionally taken in the school showing students at work and because I may appear in such media, I hereby give permission for them to be used for school publicity and advertising. I certify that the above information is correct and understand that falsification of information could lead to my dismissal if accepted into the program.

STUDENT SIGNATURE

DATE

Culinary Institute of the Treasure Coast at Indian River State College

OFFICE USE ONLY
Processed by: _____
Date: _____
Program Start Date: _____

IRSC Culinary Institute of the Treasure Coast Application

LETTER OF INTENT

Name of Applicant: _____ Student ID# _____

Please tell us your educational and career goals. Please type. We want to get to know you!

Signature of Applicant: _____ Date: _____

Note to Applicant: Two (2) Recommendation forms must be completed and submitted with your Culinary Institute Application for Admission along with the \$30 Application Fee.

INDIAN RIVER STATE COLLEGE

RECOMMENDATION FORM

TO: _____

FROM: _____
(Applicant's Name)

(Student ID#)

DATE: _____

I have applied for admission to the Culinary Institute of the Treasure Coast. In order to complete the application process, two Recommendations are required. I would very much appreciate it if you would take the time to complete this recommendation for me.

In order for my application to be considered for the Culinary Institute of the Treasure Coast, please return this completed Recommendation form, in person, to me in a sealed envelope.

Thank you.

APPLICANT'S NAME: _____

COMMENTS	Excellent	Above Average	Average	Below Average	Not Known
Accuracy and punctuality of assignments					
Attendance					
Scholarship					
Enthusiasm for learning					
Knowledge of subject matter					
Ability to work with others					
Initiative					
Leadership					

1. This evaluation covers the period from _____ to _____
2. Length of time acquainted with applicant _____
3. Your position/title during period of evaluation _____
4. Did you observe applicant's work on a frequent basis? _____

Required statement about applicant:

Signature

Date

Please PRINT your name, title, and employer

(_____)_____
Contact Phone #

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