



2008 Summer Culinary Camp Application

Deadline: May 4, 2010

Contact Information

School	
Culinary Teacher	
Grade Level	
Last Name (student)	
First Name	
Home address, Zip Code	
Telephone Number	
Cell Phone Number	
E-mail Address	
Birth date	

Job opportunities/volunteer assignments

Employer or Volunteer Event	Address	Position	Supervisors Name	Paid or Unpaid position	Start Date/End Date

Interests

Please specify all of areas of interest from the list below:

- Hospitality/Management
- Culinary Arts/Baking and Pastry
- Other

Name _____

Special Skills, Qualifications or Certifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Application Process:

With this application you must also submit:

- 1. Personal Essay**- One page personal essay in which you describe your career goals and why you would like to participate in the Culinary Camp experience. Your essay must be typed.
- 2. Letters of recommendation**- Enclose two (2) letters of recommendation from past/present employers or teachers.

Person to Notify in Case of Emergency

Name (Relationship to student)	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	Cell Phone:
Do you have allergies or special medical needs if emergency medical treatment is required?	<input type="checkbox"/> Yes (Please explain) <input type="checkbox"/> No

Agreement and Signatures (Student and Parent/Guardian must sign)

By signing below, I agree to allow my child to participate in the ETC/C-CAP Culinary Camp experience. I also certify that all of the information provided in this application is true and correct to the best of my knowledge.

Name of Parent/Guardian (printed)	
Signature	Date
<i>By signing below, I agree to participate in the ETC/C-CAP Culinary Camp experience. I also understand that participation means attending every camp session, being punctual, and being respectful of my camp leaders and other camp participants. Failure to comply with the rules of the camp may mean that I will not be eligible to participate in future programs including after school, C-CAP Competition, etc.</i>	
Name of Student (printed)	
Signature	Date

Name _____

**Department of College and Career Preparation/Careers through Culinary Arts
Program Summer Camps**

Please indicate which summer program you would like to attend:

- CHIC Weekend Culinary Skills Camp**
Cooking and Hospitality Institute of Chicago
361 W. Chestnut
Chicago, IL

Culinary Skills Camp I will provide (and reintroduce) introductory and foundational knowledge, principles and techniques used in the professional kitchen. Students will gain an introduction to the food service industry and basic cooking methods, tools, and equipment. This camp will focus on basic knife and cooking skills as well as grilling, roasting, baking and egg cookery.

*this camp is for students of all skill levels

Session runs July 16th through July 18th, 2010

- CHIC Weekend Patisserie and Baking Camp**
Cooking and Hospitality Institute of Chicago
361 W. Chestnut
Chicago, IL

Patisserie and Baking Skills Camp I will provide introductory and foundational knowledge, principles and techniques used in the professional kitchen. Students will gain an introduction to the food service industry and basic baking/pastry methods, tools, and equipment. This camp will focus on basic baking/pastry techniques, breads, cookies, cakes and petits fours.

*this camp is for students of all skill levels

Session runs July 16th through July 18th, 2010

- Nutrition Camp**
ARAMARK at The University of Chicago
5640 University Avenue
Chicago, IL

Work side-by-side with ARAMARK chefs from all over the country to produce regional cuisine. The nutrition camp focuses heavily on Food and Nutrition Education including the food pyramid, demystifying food labels, and creating healthy recipes. Students will collaborate to produce a *Healthy Recipes* booklet by the end of the camp. **Please note: This is an overnight camp experience.**

*this camp is intended for in coming Seniors

Session runs July 25th to July 30th, 2010

Questions regarding Summer Camps should be directed to Nicola Copeland, C-CAP Program Coordinator, 312.505.0534 or ncopeland@ccapinc.org.

Name _____