



ARIZONA CULINARY INSTITUTE  
Application for Fellowship Program

Check one                      ( ) Culinary                      ( ) Baking

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If not graduated, date finished in-house program: \_\_\_\_\_

If graduated, date finished externship: \_\_\_\_\_

Date available to start Fellowship: \_\_\_\_\_  
(must be a Day 1 of new start block)

*Please write a separate one page (300-500 words) essay describing why you want to be a Fellow, what your goals are as a Fellow, and several specific ideas of projects that you would like to accomplish during your Fellowship.*