



**American Culinary Federation  
The High Sierra Chefs Association  
Ralph Blevins Scholarship**

888 West 2nd Street, Suite 111  
Reno, Nevada 89503  
775.324.3166 - hsca@gbis.com

To be considered by the scholarship committee, an applicant must:

- Be an exemplary student
- Be currently enrolled in an accredited, post-secondary school or culinary arts, or other post –secondary culinary training program acceptable to the AAC
- Have completed a grading or marking period (trimester, semester or quarter).
- Have a career goal of becoming a chef or pastry chef

**Send the following item, postmarked no later than to: April 15, 2008**

**The High Sierra Chefs Association**  
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Reno, Nevada 89503

- Complete application
- Two letters of recommendation from industry and or culinary professionals.  
(This person may not be related to the applicant in any manner)
- Financial aid release form
- Sealed official transcript showing current GPA. No duplicates will be accepted.

Recipients selected by the ACF HSCA Ralph Blevins Scholarship Committee will be announced by April, 15, 2008.

***NOTE: The grant money will be up to \$500.00 and is for course work related items.  
This includes books, tuition, culinary tools and uniforms***

**American Culinary Federation  
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**Section I  
Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security number: \_\_\_\_\_

**Section II  
Education** - Culinary school for which this scholarship would be used

Educational Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Enrolled in which curriculum? \_\_\_\_\_

Cost of Continuing Education Class: \_\_\_\_\_

**Section III  
Educational Background**

Educational Institution \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: \_\_\_\_\_

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**Section IV  
Employment**

**Organization:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Specific Job Title: \_\_\_\_\_  
Name - Title - Phone Number of Immediate Supervisor  
\_\_\_\_\_  
\_\_\_\_\_

**Section V  
Past Industry Experience (beginning with the most recent)**

**Organization:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Specific Job Title: \_\_\_\_\_  
Name - Title - Phone Number of Immediate Supervisor  
\_\_\_\_\_  
\_\_\_\_\_

**Organization:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Specific Job Title: \_\_\_\_\_  
Name - Title - Phone Number of Immediate Supervisor  
\_\_\_\_\_  
\_\_\_\_\_

**Organization:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Specific Job Title: \_\_\_\_\_  
Name/Title/Phone Number of Immediate Supervisor  
\_\_\_\_\_  
\_\_\_\_\_

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

In your own Words tell us why you should receive a spice box grant? (250 words or less)

Why do you want to become a chef / pastry chef?

What do you hope to contribute to the culinary industry?

