

APPLICATION FOR ADMISSION



Hospitality • Inspiration • Passion



**The Restaurant School at
Walnut Hill College**



The Restaurant School at Walnut Hill College

STEP 1 – Application

Complete the enclosed application form and return it to The Restaurant School at Walnut Hill College in person or in the envelope provided. Please complete the application by printing or typing the information. If printing, please use a pen. Your application will only be accepted if it is accompanied by the \$50.00 application fee.

Complete all of the items in this application package and return them to The Restaurant School at Walnut Hill College within **30 days** of submitting your application.

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STEP 2 – Goal Statement

Write a 250-word essay describing your goals upon graduation from The Restaurant School at Walnut Hill College. This statement should be typed. Please make sure your name, major and selected start date are on this document.

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STEP 3 – Reference Letters

Reference letters may be completed by previous teachers, counselors or employers. If your references prefer to write a letter, they may do so by submitting it typed or written on letterhead with their name and phone number. We cannot accept personal references from friends, neighbors, relatives, etc. Please give each reference a return envelope so they may mail the references directly to The Restaurant School at Walnut Hill College .

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STEP 4 – Entrance Test

Applicants who do not have a college degree or have not scored over 1440 SAT are required to take a basic skill test. Simply make an appointment with the Office of Admissions to take your entrance test. The test will take approximately one hour and consists of basic spelling, vocabulary, English, punctuation and math problems. Testing can be done Monday through Friday between 9:00 a.m. and 4:00 p.m., and on Saturdays between 9:00 a.m. and 12:00 noon. Some evenings are also available for testing. Please call at least 24 hours in advance when scheduling your test.

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STEP 5 – Transcripts

Please submit an official transcript from high school. If you have not yet graduated, please submit the most up-to-date transcript. If you have your GED, you must submit a copy of your GED test scores. **Copies of diplomas, degrees, etc. are not acceptable.** We must have the actual transcript. If you graduated from a Philadelphia high school, you must use their transcript request form. If you graduated from a high school outside Philadelphia or you are a college graduate, use the form provided by The Restaurant School at Walnut Hill College.

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STEP 6 – Registration Fee

Your \$150.00 registration fee is due once items #1-5 have been completed. **The registration fee must be received before your file will be reviewed for final acceptance.**

The above items do not have to be submitted in the order listed. You may forward them as you complete them, or you can hold all of the items and submit them together if you prefer. **Please understand that your file will not be reviewed for acceptance and final enrollment until the Office of Admissions has received ALL of the above items.**

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If you have any questions concerning the application process, please contact your Admissions Representative at (215) 222-4200 extension 3011 or toll free at (877) 925-6884, extension 3011. We look forward to receiving your application; the first step towards initiating a successful career in the hospitality industry.



The Restaurant School at Walnut Hill College

The Restaurant School At Walnut Hill College

Office of Admissions
4207 Walnut Street
Philadelphia, PA 19104
(215) 222-4200 extension 3011
(267) 295-2311

FOR INTERNAL USE ONLY

_____ADM _____FAO _____SAT
_____HOUSING _____DATE

APPLICATION FOR ADMISSION

Documents Submitted To Meet Admissions and Residency Requirements Become The Property of Walnut Hill College And May Not Be Returned.

TYPE OR PRINT IN INK AND COMPLETE ALL ITEMS

PERSONAL INFORMATION

NAME			FORMER LAST NAME ON TRANSCRIPTS		
Last	First	MI			
PERMANENT ADDRESS				SOCIAL SECURITY NUMBER	
No. & Street		City	State	Zip	
HOME PHONE ()		WORK PHONE ()		E-MAIL ADDRESS	
DATE OF BIRTH*	AGE*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY* <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER	
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, COUNTRY OF CITIZENSHIP		COUNTRY OF BIRTH	VISA TYPE
IN CASE OF EMERGENCY, LIST NAME OF NEXT-OF-KIN (Mother, Father, Guardian, Spouse, Brother, Sister)					
Name		Relationship to you		Phone ()	

* Provisions of this information are voluntary and will not affect consideration of application. Responses are solely for assessing compliance with civil rights laws.

ADMISSIONS INFORMATION

Have you previously attended The Restaurant School or Walnut Hill College? YES NO

I am applying for admission for the term beginning: _____ Year

Full Time Program: September February
Part Time Program: November (Part Time) April (Part Time)

I am applying under the articulation agreement with my high school: YES NO

An articulation agreement is an agreement between The Restaurant School at Walnut Hill College and your high school for the acceptance and transfer of courses and credits. Consult your guidance office for more information.

Please select the major and degree you are applying for:

Associate of Science Degree

Culinary Arts
 Pastry Arts
 Restaurant Management
 Hotel Management

Bachelor of Science Degree

Culinary Arts
 Pastry Arts
 Restaurant Management
 Hotel Management

Residence Status: Off-Campus Student Residence Hall Student

HIGH SCHOOL INFORMATION

Name of High School _____ ()
High School Phone # _____

Address _____

City _____ State _____ Zip _____

College Board H.S. Code No. (may be obtained from your high school guidance office) _____
Graduation Date _____/_____/_____

Indicate which of the following national student organizations you are involved in:

DECA FCCLA Skills USA-VICA FFA BPA FBLA JA

List all the school clubs/activities in which you actively participate or participated in:

List any community service or volunteer work that you currently participate in:

List all professional associations in which you actively participate:

EMPLOYMENT HISTORY

Employer	City/State	Dates of Employment	Position
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Employer	City/State	Dates of Employment	Position
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Employer	City/State	Dates of Employment	Position
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MISCELLANEOUS INFORMATION

Will you be applying for funding under Veteran's Education Benefits? YES NO

Will you be applying for funding under the Office of Vocational Rehabilitation (OVR)? YES NO

In order to best service our applicants and students, we find it very beneficial to have an understanding of any learning disabilities. Response to this question is completely optional and will not be used as a criteria for assistance.

Do you have any learning disabilities? YES NO Comments: _____

If yes, is an IEP available for review? YES NO

How did you learn about The Restaurant School at Walnut Hill College? _____

Discuss your reasons for considering The Restaurant School at Walnut Hill College for Hospitality/Food Service education.

Using adjectives, list what you would consider to be your strengths as a student.

Please answer **one** of the following (select the question that best relates to your career goals):

- A. List five important elements that you consider to have a successful restaurant or pastry shop:
- B. List five characteristics necessary to be an effective manager in the hospitality industry:

1. _____
2. _____
3. _____
4. _____
5. _____

ADMISSIONS REQUIREMENTS

Please note: If you have yet to schedule a visit to The Restaurant School at Walnut Hill College for an applicant's orientation, please do so in order to complete your personal interview and Admissions Review. For students out of the immediate area of the school, please contact the Director of Admissions for assistance at 215-222-4200 or toll free 1-877-925-6884.

_____ \$50.00 Application Fee

_____ First Letter of Reference

_____ \$150.00 Registration Fee

_____ Second Letter of Reference

_____ Transcripts from
High School, College, other
Post Secondary, or GED Grades

_____ Goal Statement (250 word essay)

_____ SAT Combined Score (Optional)

_____ Test (Not Required with SAT score of 1440+)

_____ Uniform Order

Signature of Applicant

Date

FOR OFFICE USE ONLY

_____ DATE RECEIVED

_____ CERTIFIED

_____ ADMISSIONS



**The Restaurant School at
Walnut Hill College**

Please submit this form to your high school guidance counselor/registrar or send to the high school/college from which you graduated.

4207 Walnut Street, Philadelphia, PA 19104
215-222-4200 [phone] • 215-222-4219 [fax]
www.walnuthillcollege.edu

TRANSCRIPT REQUEST

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please forward copies of the following student's transcripts to the Office of Admissions

Student: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Day) _____ (Evening) _____

Dates of Attendance: _____

Department or Program Major: _____

Graduation Status: _____

I hereby give _____ the permission to mail a copy of my transcript to:

Office of Admissions
The Restaurant School at Walnut Hill College
4207 Walnut Street
Philadelphia, PA 19104
215-222-4200 X3011

_____ Date

_____ Student Signature

THE SCHOOL DISTRICT OF PHILADELPHIA - STUDENT RECORDS INFORMATION CENTER
FORMER STUDENT'S APPLICATION FOR SCHOOL RECORDS

OFFICE USE ONLY**Guidelines:**

- The School District of Philadelphia maintains records for public schools only. Please contact private, parochial, religious, and charter schools directly.
- Type or clearly print in ink all requested information.
- Enclose required fee. Money order or cashier's check only.
- This application must be signed in ink by applicant.

DATE SENT	AMOUNT RECEIVED \$
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A NAME USED WHILE IN SCHOOL				APPLICANT'S CURRENT NAME & HOME ADDRESS		
LAST NAME (PRINT)		FIRST NAME		M.I.		
DATE OF BIRTH		TELEPHONE NO.		SOC. SEC. NO.		
Month	Day	Year				
MOTHER'S LAST NAME, FIRST NAME			FATHER'S LAST NAME, FIRST NAME			
CURRENT ADDRESS						APT. #
CITY			STATE		ZIP CODE	

B NAME OF THE LAST PHILA. PUBLIC SCHOOL YOU ATTENDED					
The School District of Philadelphia does not maintain records for private, parochial, religious, and charter schools.					
(Check one)	(Check one and provide date)				
<input type="checkbox"/> Day School	<input type="checkbox"/> Left school				
<input type="checkbox"/> Night School	<input type="checkbox"/> Graduated - Received Diploma				
NAME OF PHILADELPHIA PUBLIC SCHOOL _____					
<table border="1"> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> </tr> </table>		MONTH	YEAR		
MONTH	YEAR				

OFFICIAL TRANSCRIPTS WILL ONLY BE SENT DIRECTLY TO COLLEGE OR EMPLOYER

C RECIPIENT(S): Enclose a pre-addressed, stamped envelope for each recipient.		D PAYMENT: Money Order or Cashier's Check Only					
<input type="checkbox"/> APPLICANT - STUDENT COPY SENT TO HOME ADDRESS		Please indicate the number of each item you would like. ___ Transcript: \$10 plus \$3 for each additional. ___ Proof of Birth: \$10 plus \$3 for each additional. ___ Other: _____ (see reverse side for pricing)					
<table border="1"> <tr> <td rowspan="4">1st COLLEGE / EMPLOYER</td> <td>NAME OF PERSON / DEPARTMENT (COLLEGE / EMPLOYER)</td> </tr> <tr> <td>NAME OF COLLEGE / EMPLOYER</td> </tr> <tr> <td>ADDRESS</td> </tr> <tr> <td>CITY STATE ZIP CODE</td> </tr> </table>			1st COLLEGE / EMPLOYER	NAME OF PERSON / DEPARTMENT (COLLEGE / EMPLOYER)	NAME OF COLLEGE / EMPLOYER	ADDRESS	CITY STATE ZIP CODE
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2nd COLLEGE / EMPLOYER	NAME OF PERSON / DEPARTMENT (COLLEGE / EMPLOYER)						
	NAME OF COLLEGE / EMPLOYER						
	ADDRESS						
	CITY STATE ZIP CODE						

If you have more than two college/employer recipients, please attach separate sheet with recipient information.

- I have completed sections A, B, C, and D accurately and enclosed the correct fee and pre-addressed, stamped envelopes. I understand that fees are nonrefundable. I also understand that this application will be returned to me if it is incomplete.

Applicant's Signature: _____ Date: _____

GENERAL INSTRUCTIONS

A. Services provided by the Student Records Information Center:

- Transcript: \$10 search fee which includes one copy of transcript; each additional copy is \$3.00.
- Proof of Birth: \$10 search fee which includes one copy of proof of birth; each additional copy is \$3.00.
- Copy of Records: \$25 fee for copy of all or part of student history file.
- Completion or certification of various forms: \$10 per page.
- Diploma for schools no longer open: \$5 fee. For schools that are still open, please see section D.
- Fax service: transcript or proof of birth can be faxed for an additional \$10 per location.
- James Martin School of Practical Nursing: please provide Social Security number.

**Payments must be in the form of money order or cashier's check.
All fees include a \$10 nonrefundable search fee.**

B. Mailing Address for Application for School Records:

The School District of Philadelphia
Student Records Information Center
440 North Broad Street
Philadelphia, PA 19130-4015

C. Requests Made By a Minor or Person Other Than Former Student:

- **Minors:**
Information regarding a child who has not reached the legal age (18 years) must have the parent's signature or signature of a legal guardian. A certified copy of court order naming such legal guardian must be furnished before the request will be processed.
- **Person other than student after student is over 18 years of age:**
If this form is signed by someone other than the former student, a signed release form from the former student must be attached to this application. The release form must designate a person authorized to sign for release of records.
- **Deceased or mentally challenged person:**
Authorized signature release must be obtained from: (1) blood relative (parent, brother, sister, child); (2) surviving spouse; (3) the administrator, executor of the estate or beneficiary by will or insurance. In all cases, a certified court order naming such legal representative must be furnished before requests will be processed.

D. Services Not Provided by Student Records Information Center:

- G.E.D. Records: These records may be obtained by writing to the Commonwealth of Pennsylvania at: Commonwealth Diploma Program, 12th Floor, 333 Market Street, Harrisburg, PA 17126-0333 or calling (717) 787-6747.
- Diploma: A copy can be obtained by contacting the school from which you graduated. A \$5 money order made payable to the School District of Philadelphia is required.
- Students who did not attend high school: records are kept in the last school attended until the student reaches age 21. If student is under age 21, contact the last school attended. If the student is over age 21, a verification of attendance can be obtained from the Student Records Information Center.
- Night School: Night School records for students who attended after the year 2000 are stored with the Community College of Philadelphia. (215) 751-8311

School locations can be found in the blue section of the Philadelphia White Pages or online at www.phila.k12.pa.us

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RECOMMENDATION FORM

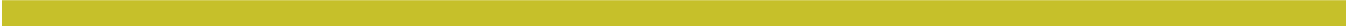
The individual named below is requesting that you provide a reference. Please indicate your independent review of the person. **Please complete both sides of this form** and return to either the candidate or The Restaurant School at Walnut Hill College at the above address. If you prefer writing a letter of recommendation on company letterhead or school letterhead, please feel free to do so.

*Indicates sections to be completed by the candidate before giving this form to the Recommending party.

*Name of Applicant: _____

*Permanent Address: _____

*Program Applied for: _____ *Program Start Date: _____



Please read carefully before appraising. To assist you in your appraisals, compare this candidate with persons of similar age and academic level that you have known. To establish general levels of consistency use the following:

- | | |
|--|---|
| 5 – Excellent – Receives your highest professional endorsement | 2 – Minimally acceptable – needs continued and direct supervision |
| 4 – Above Average | 1 – Not acceptable |
| 3 – Average | N/A – No information, Not appraised |

Describe the nature of the candidate’s relationship with you: _____
(i.e. employment, instructor, counselor etc.)

NOTE: References from friends and/or family members are not acceptable.

- | | | |
|-----------------------|---|-----------------------------------|
| _____ Leadership | _____ Ability to communicate orally | _____ Professional poise |
| _____ Initiative | _____ Ability to communicate in writing | _____ Professional interest |
| _____ Reliability | _____ Ability to organize | _____ Poise in social situations |
| _____ Resourcefulness | _____ Attitude toward criticism | _____ Probable employment success |
| _____ Enthusiasm | _____ Cooperation | (Over) |

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RECOMMENDATION FORM

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**If you have any further questions, please call The Restaurant School
at Walnut Hill College toll free at (215) 222-4200, ext. 3011**



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