



AARÓN SÁNCHEZ  
SCHOLARSHIP FUND

## SCHOLARSHIP ELIGIBILITY REQUIREMENTS & APPLICATION

**CLASS OF 2023 APPLICATION DEADLINE: SEPTEMBER 16, 2022**

For the incoming Class of 2023, the Aarón Sánchez Scholarship Fund (ASSF) will award four (4) scholarships to the award-winning Institute of Culinary Education's Culinary Arts Program.

The Aarón Sánchez Scholarship Fund award includes:

- Full tuition at the Institute of Culinary Education (ICE) New York campus for an eight-month Culinary Arts diploma program, including school supplies (uniforms, books, knives, culinary tool kit, fees, etc.), classroom instruction, career services support, and externship placement
- Travel to New York City for the start of the ICE program and home upon completion of program (flights, taxis, etc.)
- Shared housing in New York City for the duration of your ICE program
- Monthly New York City metro card stipend for the duration of your ICE program
- Monthly \$250 grocery stipend for the duration of your ICE program
- Mentorship from Chef Aarón Sánchez and other chefs

Once all aspects of the ASSF program are completed, the recipient has the opportunity to apply for full-time positions in culinary arts. From time to time, the award recipient will be called upon to help work fundraising and recruiting efforts for future Aarón Sánchez Scholarship Fund programming.

The scholarship award is merit-based, valid only at the Institute of Culinary Education – New York Campus, for the Culinary Arts specified courses and dates offered, and is not transferable and has no cash value. ASSF reserves the right to make exceptions based on any applicant's unique circumstances. Payments will be made directly to the Institute of Culinary Education by ASSF after confirmation of the student's full-time enrollment is received. Applicants will be notified of their selection in November 2022 and will be advised of the deadline to accept or decline the award.

### PROGRAM ELIGIBILITY

- Legal resident of the 50 United States, the District of Columbia, or U.S. territories
- Between 18 and 25 years old as of January 1, 2023
- Must be of Latin heritage or ancestry (anyone born in or with ancestors from Latin America)
- Have one year of restaurant kitchen experience, be a graduate from the National Restaurant Association's Pro Start Program, or be a graduate of a similar high school culinary arts instructional program
- Have a high school diploma or GED
- Cannot have been convicted of a felony or a crime of moral turpitude

### APPLICATION REQUIREMENTS:

- Complete and submit the application form, including short-answer questions.
- Submit all post-secondary school transcripts (if applicable) and high school diploma or GED.
- Submit a photo ID such as driver's license or state ID for proof of residence and age.
- Submit a minimum of three letters of recommendation completed by a foodservice employer or instructor (preferred) that you have worked with during the past year. A letter from an additional instructor or another type of employer or community leader will be accepted if you have not worked with a foodservice employer; no family members.
- Familiarize yourself with the Institute of Culinary Education's [Culinary Arts diploma program](#) prior to applying.

### **SUBMIT AN APPLICATION - DUE BY 11:59PM CST FRIDAY, SEPTEMBER 16, 2022**

**Via mail - submit completed application to:**

Aarón Sánchez Scholarship Fund  
3801 Canal Street, Suite 300, New Orleans, LA 70119

**Via email - submit completed application documents to:** [jen@chefaaron Sanchez.com](mailto:jen@chefaaron Sanchez.com)

For additional information, please contact Jennifer Killian at (504) 913-5980.



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# APPLICATION

Name (First and Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a U.S. Citizen?      Yes      No

Primary Language: \_\_\_\_\_ Additional language(s) spoken: \_\_\_\_\_

Household Annual Income: \_\_\_\_\_ Race: \_\_\_\_\_

Gender:      Non-Binary      Female      Male

How would you describe your Latin heritage or ancestry?

Caribbean

Central American

South American

Mexican

Other: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: @ \_\_\_\_\_

Instagram: @ \_\_\_\_\_

## EDUCATIONAL INFORMATION

List your highest level of education and date of completion. *Please note that the Institute of Culinary Education requires either a high school diploma or GED for admission.*

\_\_\_\_\_

## SUPPORTING DOCUMENTATION

Please list all attachments to this application. This may include but is not limited to: your photo ID, a resume, cover letter, green card, awards, letters of recommendation, etc.

\_\_\_\_\_

\_\_\_\_\_



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**VOLUNTEER ACTIVITIES/COMMUNITY SERVICE**

Please list any volunteer activities and/or community service you have done. Attach an additional sheet of paper, if necessary.

**EMPLOYMENT/APPRENTICESHIP HISTORY**

List your employment history beginning with your most current position. Attach an additional sheet of paper, if necessary.

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Responsibilities:

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Responsibilities:

**DISCIPLINARY RECORD**

Have you ever received a guilty judgment or been convicted of a misdemeanor, felony or other crime?

*(Note: You are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.)*

Yes

No

If you answered "yes" to this question, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and describes what you have learned from the experience.



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**Please tell us how you heard about the Aarón Sánchez Scholarship Fund.** (check all that apply:)

Social Media

Email / Newsletter

TV / Radio

Family or Friend

Other \_\_\_\_\_

**Letters of Recommendation:**

The Aarón Sánchez Scholarship Fund requires recipients to submit a minimum of three letters of recommendation, however you may submit a maximum of five letters. These recommendations can come from employers (past or present), instructors/teachers or community leaders that can speak to your work ethic, drive and creativity. If you graduated from a National Restaurant Association Pro- Start Program, or a similar program, please include a letter from your instructor(s).

Please list below those who have provided a letter of recommendation, along with their contact information and attach the letters with your application when submitting.

Name	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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## ABOUT THE APPLICANT

This is an important part of the application process. It is how we can get to know you and see your desire to receive this scholarship award before we may meet you. Please answer truthfully and completely.

**Describe a hardship you have faced and how you have overcome it.**

**Why have you chosen a career in culinary arts?**

**Why do you want to attend the Institute of Culinary Education?**

**What is something you have achieved through determination?**



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**What does community mean to you?**

**In what ways has your heritage or family legacy impacted you?**

**Where do you see yourself in five years?**

**What is your favorite thing to eat and where do you get it?**

**What is your favorite thing to cook and why?**



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**What inspires you?**

**What challenges you?**

**Describe your work ethic.**

**What five words would friends use to describe you?**

**Who is your hero and why?**

**If you have any additional information you would like us to know about you, please include that here.**



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## CONSENT, RELEASE, WAIVER AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ [ Print Applicant Name], declare that I am over the age of eighteen (18) years as of January 1, 2023, that I have applied or hereby apply for a scholarship from the **Aarón Sánchez Scholarship Fund, the Emeril Lagasse Foundation, or its affiliates or subsidiaries** (jointly, "**the Scholarship Program**"), to assist me in paying for tuition and related expenses for attending classes at the Institute of Culinary Education, New York, NY; and in consideration of **the Scholarship Program** considering my application:

1. I give my consent and authorize the Aarón Sánchez Scholarship Fund program and its members, officers, employees, representatives and agents:
  - a. To create and obtain, in the past, now and during the term of my attendance at the Institute of Culinary Education as well as any internship, externship or employment I may subsequently have with an Aarón Sánchez-related restaurant, photographs, images, video, audio, interviews and any other recordings or documents in any now known or future media, depicting me, my likeness, name, image or voice (collectively, "**the Recordings**"), including those containing my name, personal and biographical history, stories, and information (collectively, "**My Personal Information**"); and,
  - b. To retain all rights of distribution, copyrights, and licenses, and to edit, summarize, reproduce, perform, display, distribute, publish, license, sell, broadcast, post, stream over the internet and otherwise use any and all parts of **the Recordings** forever and throughout the world, in any and all matters, and in any and all media that **the Scholarship Program** and its members, officers, employees, representatives, and agents should believe suitable.
2. I agree that I shall have no right, title, or interest in or to **the Recordings**, and that all right, title and interest in and to **the Recordings** belongs to **the Scholarship Program**.
3. I waive any and all right to inspect or approve **the Recordings** prior to their use by **the Scholarship Program** in any way, or to payment or other compensation arising from or related to **the Recordings**.
4. I release and agree to indemnify, hold harmless and defend **the Scholarship Program** and its directors, members, officers, employees, representatives and agents from any and all claims and damages that I may sustain, including but not limited to those relating to theft, property damage, medical or hospital expenses, unintentional misspellings or inaccuracies in **My Personal Information** distributed by **the Scholarship Program**, or economic loss which may in the future arise out of or relate to: (a) **the Recordings**; (b) use of my name, image, voice, likeness, **Personal Information**, or other items; (c) my participation in or traveling to locations at the request of **the Scholarship Program** or its members, officers, employees, representatives and agents, and to New York; and (d) my residence in New York and attendance at the International Culinary Center.
5. I further release and agree to indemnify, hold harmless and defend **the Scholarship Program** and its directors, members, officers, employees, representatives and agents from any and all claims and damages sustained by third parties, including but not limited to those relating to death, personal injury, theft, property damage, medical or hospital expenses, unintentional misspellings or inaccuracies **in My Personal Information** distributed **by the Scholarship Program**, or economic loss which may in the future arise out of or relate to: (a) **the Recordings**; (b) use of my name, image, voice, likeness, **Personal Information**, or other items; (c) my participation in or traveling to locations at the request of **the Scholarship Program** or its members, officers, employees, representatives and agents, and to New York; and (d) my residence in New York and attendance at the Institute of Culinary Education.





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I further declare and agree that I make irrevocable all of the consents, acknowledgements, waivers, releases, indemnities and agreement set forth in this document, unless made in writing; that any provision of this agreement deemed unenforceable is severable from all others; that this agreement shall be governed by Louisiana law; and that I have fully read and understood this agreement and that I sign and execute this agreement freely and voluntarily, as

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type your name as your signature.)

## TERMS OF AGREEMENT

I certify that I have read this application and the information I have written is accurate and complete to the best of my knowledge. I agree to provide any documentation necessary to verify this information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type your name as your signature.)

For additional information, please visit [www.AaronSanchezScholarshipFund.com](http://www.AaronSanchezScholarshipFund.com).

Please direct questions to Jennifer Killian.

Email: [jen@chefaaronsanchez.com](mailto:jen@chefaaronsanchez.com)

Phone: (504) 913-5980

