

APPLICATION FOR ADMISSION



Walnut Hill College

Founded in 1974 as The Restaurant School



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.

STEP 2 GOAL STATEMENT

Write a 250-word essay describing your goals upon graduating 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.

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.

STEP 4 ENTRANCE TEST

Applicants who do not have a college degree or have not scored over 900 on the SAT Exam (Critical Reading and Math combined) are required to take a basic skills 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 Saturdays between 9:00 a.m. and 12:00 p.m. Some evenings are also available for testing. Please call at least 24 hours in advance when scheduling your test. Candidates scoring between 25% and 40% are deemed provisionally accepted. Candidates scoring below 25% are denied admission to the College.

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.

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.**

If you have any questions concerning the application process, please contact your admissions representative at (215) 222-4200, ext. 3011 or toll free at (877) 925-6884, ext. 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**

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 ()		EMAIL 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 ()	
MOTHER'S NAME					MOTHER'S EMAIL ADDRESS
Last		First	MI		
MOTHER'S ADDRESS					
No. & Street		City	State	Zip	
FATHER'S NAME					FATHER'S EMAIL ADDRESS
Last		First	MI		
FATHER'S ADDRESS					
No. & Street		City	State	Zip	

* 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

Please select the major and degree you are applying for ►

Have you previously attended The Restaurant School at 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.

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
----------	------------	---------------------	----------

Employer	City/State	Dates of Employment	Position
----------	------------	---------------------	----------

Employer	City/State	Dates of Employment	Position
----------	------------	---------------------	----------

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. Your response to this question is completely optional and will not be used as a criterion 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 elements that you consider important 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 individuals out of the immediate area of the school, please contact the Director of Admissions for assistance at (215) 222-4200, ext. 3011 or toll free at (877) 925-6884, ext. 3011.

_____ \$50.00 Application Fee

_____ First Letter of Reference

_____ \$150.00 Registration Fee

_____ Second Letter of Reference

_____ Transcripts from
High School, College, other
Postsecondary Institution, or GED Grades

_____ Goal Statement (250-word essay)

_____ College Assessment

_____ SAT Combined Score (Optional)

_____ Uniform Order

Signature of Applicant

Date

TRANSFER OF CREDIT APPLICATION

Students have the opportunity to request a transfer of previously earned credit from an accredited college or university. Transfer credit evaluations are based on previous college work within the past ten years. Transfer candidates must submit official college transcripts from colleges attended prior to enrolling at The Restaurant School at Walnut Hill College. Students applying for transfer credit should be aware that to be considered a full-time student, they must maintain a course load of at least 12 credits per term.

List all undergraduate institutions you have attended, starting with the most recent. Submit all transcripts from these institutions for consideration of transfer credit. (Attach a separate sheet if necessary.)

_____/_____/_____ to ____/____/_____
Name of Institution Dates of Attendance

_____/_____/_____ City State Zip
Address

_____/_____/_____
Major Degree Earned

_____/_____/_____ to ____/____/_____
Name of Institution Dates of Attendance

_____/_____/_____ City State Zip
Address

_____/_____/_____
Major Degree Earned

Transfer Credit Policy

Transfer students from accredited postsecondary institutions may submit their transcripts for a course-by-course evaluation to determine if credits are transferable. Students from non-accredited institutions may be eligible for transfer credit if it is determined that completed coursework meets appropriate levels of content and intensity. However, there is no guarantee that transfer credits will be awarded. A student success advisor from The Restaurant School at Walnut Hill College determines whether transfer credits will be accepted.

Signature of Applicant

Date

Please forward all Admissions correspondences to:
Office of Admissions
The Restaurant School at Walnut Hill College
4207 Walnut Street
Philadelphia, PA 19104

When forwarding correspondences pertaining to your application, please be sure to include:
Major, Start Date and Social Security Number

IT IS ADVISABLE TO RETAIN A COPY OF ALL FORMS SUBMITTED.

The Restaurant School at Walnut Hill College is committed to providing equal educational and employment opportunities for all persons, without regard to race, color, national and ethnic origin, age, religion, sex, sexual orientation, disability or veteran's status.

FOR OFFICE USE ONLY

_____ DATE RECEIVED

_____ CERTIFIED

_____ ADMISSIONS



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T (215) 222-4200 extension 3011
F (215) 222-2811
www.walnuthillcollege.edu

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

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 - FORMER STUDENT RECORDS INFORMATION CENTER
FORMER STUDENT'S APPLICATION FOR HIGH SCHOOL DIPLOMA

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
	\$

A NAME USED WHILE IN SCHOOL**APPLICANT'S CURRENT NAME & HOME ADDRESS***

LAST NAME (PRINT)			FIRST NAME			M.I.			LAST NAME (PRINT)			FIRST NAME			M.I.					
DATE OF BIRTH			TELEPHONE NO.			SOC. SEC. NO.			CURRENT ADDRESS						APT. #					
Month	Day	Year																		
MOTHER'S LAST NAME, FIRST NAME						FATHER'S LAST NAME, FIRST NAME						CITY			STATE			ZIP CODE		

*Note: This is the Address the diploma will be sent to unless otherwise noted.

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 and provide date)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Day School | <input type="checkbox"/> Left School |
| <input type="checkbox"/> Night School | <input type="checkbox"/> CEP/Alternative |
| <input type="checkbox"/> Twilight | <input type="checkbox"/> EOP |

NAME OF PHILADELPHIA PUBLIC SCHOOL

 Graduated - Received Diploma

MONTH	YEAR

C PAYMENT: Money Order or Cashier's Check Only

___ **Diploma: \$10**

Submit application with a money order or cashier's check payable to: "School District of Philadelphia"

Write applicant's name on money order or cashier's check.

Mailing Address:**Former School Address****or, if former school is closed****Then forward to student records:**

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

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

If you have any questions, please call 215-400-4800

- I have completed sections A, B, and C 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. Diploma Request (Services Not Provided by Student Records Information Center):

- Diploma: A copy can be obtained by contacting the school from which you graduated. A \$10.00 money order made payable to the School District of Philadelphia is required.
- 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.
- 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

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.

- **All court orders must be sent to General Counsel:**

Office of General Counsel
440 North Broad Street, Suite 313
Philadelphia, PA 19130

- **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 provided by the Former Student Records Information Center:

- Transcript: \$10 for record copy which includes one copy of transcript; each additional copy is \$3.00.
- Proof of Birth: \$10 for record copy which includes one copy of proof of birth; each additional copy is \$3.00.
- Copy of Records: \$25 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**: \$10 per copy. For schools that are still open, please see section A.
- 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.

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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

4 – Above Average

3 – Average

2 – Minimally acceptable – Needs continued and direct supervision

1 – Not acceptable

N/A – No information, Not appraised

Describe the nature of your relationship to the candidate: _____
(i.e. employer, 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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_____ Reliability

_____ Ability to organize

_____ Poise in social situations

_____ Resourcefulness

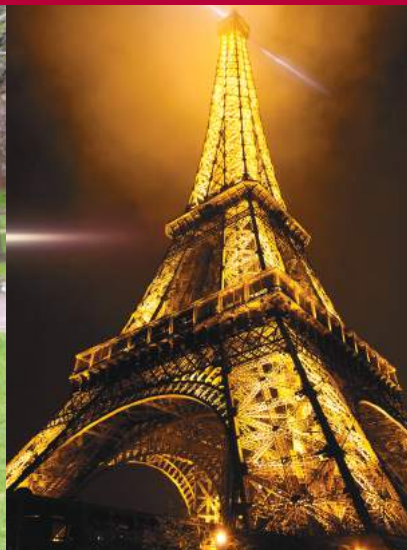
_____ Attitude toward criticism

_____ Probable employment success

_____ Enthusiasm

_____ Cooperation

(Over)



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



4207 Walnut Street • Philadelphia, PA 19104-9856
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