



American Culinary Federation
Education Foundation



Honor Society of the
American Culinary Federation®

American Culinary Federation Education Foundation American Academy of Chefs®

Professional Development Grants

AAC Spice Box Fund
Senior Chef Frank Farello, CEC, AAC, Fund
Hermann G. Rusch, AAC, HOF Fund

Type of grant are you applying for:

Culinary Baking and Pastry

General Information

The American Culinary Federation Education Foundation, with the support of the American Academy of Chefs, will award grants annually and on a competitive basis to exemplary working culinary professionals who wish to update their skills through continuing education. Grants will be awarded based on availability of funds. To be eligible, an applicant must meet the following requirements:

- Be a current ACF member in good standing for a minimum of 2 years.
- Must be a Certified Chef de Cuisine® (CCC®) or higher.

Grants of up to \$500 will be awarded for an approved course. Please check with the Education Department at educate@acfchefs.net if you have a question regarding whether or not your course has been approved.

Application Procedures

Applications must be completed and signed by applicant. Please, either type or write legibly. Verification of registration to the professional development course must be submitted, along with total cost of class. Applicants will be notified by email of any grant award or denial.

Revocation of Aid

The ACF reserves the right to cancel any grant at any time if the applicant fails to meet the standards of academic progress, any other grant requirements, or falsifies information reported.

Application Deadline

Send the following items, postmarked no later than March 31st to:

ACFEF Professional Grants
180 Center Place Way
St. Augustine, FL 32095
educate@acfchefs.net

Personal Information

Application Date: _____

First Name: _____ MI: ____ Last Name: _____ ACF #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Current Employment

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Immediate Supervisor Name: _____

Email: _____ Phone: _____

Educational Institute/Seminar For Which This Grant Will Be Used

Educational Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Seminar Name: _____

Seminar Description: _____

Dates Attending: _____ Cost: _____

Reason for attending:

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the Grant Committee and will provide additional information or verification upon request.

If awarded the Grant, I authorize permission to the American Culinary Federation and its subsidiaries to use the information included in this application for distribution in both printed and digital matter. I understand that I will not be compensated and that I may not be notified of each use..

Applicant Signature: _____ Date: _____