



The American Institute of Wine & Food,  
San Diego Chapter  
[www.aiwfsandiego.org](http://www.aiwfsandiego.org)

### **2017 Scholarship Application for Study in 2018**

The American Institute of Wine & Food (AIWF) is a national non-profit educational organization established in 1981 by Robert Mondavi, Julia Child, Richard Graff and others to promote a forum for the study and enjoyment of gastronomy. The AIWF is dedicated to advancing the understanding, appreciation, and quality of wine and food through fun educational experiences in support of its Days of Taste® and Scholarship programs.

The AIWF, San Diego Chapter awards scholarships for the pursuit of culinary arts, enology/viticulture, and beverage studies in full or part-time accredited continuing education programs. *The scholarships typically range from \$500 to \$2,000, and the funds do not need to be repaid.* All schools must be accredited, and offer continuous relevant hands-on, in-person experience rather than online. Since the money for the scholarships is raised by the San Diego Chapter, *scholarships are only awarded to people who are connected to San Diego by school, work, or recent involvement in food or wine in the area. The scholarship money may be used for study within or outside of San Diego County.*

Applications will be accepted until **Monday, September 25, 2017.**

The scholarship award is not transferable without the written permission of the Scholarship Committee, and permission may be denied at the discretion of the Committee. The San Diego Chapter expects feedback from scholarship winners about their achievements, experiences and future goals before graduation, and again, six months after the end of studies.

*The scholarship funds will be sent directly to the school the successful applicant will be attending.* All applicants are responsible for supplying their contact information at the time they submit the application, and again, after they start school, including addresses, home and cell phone numbers and email addresses.

Successful applicants are also required to promptly supply the course work dollar amount along with the name, title, and mailing address of the person at the school to whom a check will be sent. **The recipient must provide all contact information to the San Diego AIWF Treasurer for timely payment in 2018.** If this is not done, there will be a reduction in the scholarship award unless the Scholarship Committee has accepted extenuating circumstances.

*This application must be completely filled out, along with the statement, resume, and at least two letters of recommendation in order to be considered.*

**Please complete this application and attach a brief statement (250 words maximum) explaining why you are an appropriate candidate for this scholarship, as well as letters of recommendation from your teachers and/or mentor. Recommendations must be current and have a complete letterhead with the sender's name, address, telephone number, and email address. Additionally, please include a summary of your academic and work history that also focuses on your experiences relating to a career involving food and wine.**

**The deadline for accepting applications is September 25, 2017.** Please complete and return the required information to The American Institute of Wine & Food, San Diego Chapter, 2683 Via De La Valle #G230, Del Mar, CA 92014. You will be notified if a follow-up interview is requested.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you currently in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school are you attending? \_\_\_\_\_

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

Name of Advisor/Professor: \_\_\_\_\_

ALL APPLICANTS ARE RESPONSIBLE FOR SUPPLYING THEIR CONTACT INFORMATION AT THE TIME THEY SUBMIT THE APPLICATION, AND AGAIN, AFTER THEY START SCHOOL, INCLUDING HOME ADDRESS, HOME AND CELL PHONE NUMBERS, AND E-MAIL ADDRESS IN ORDER FOR AIWF TO RESPOND TO YOUR APPLICATION.

SUCCESSFUL APPLICANTS ARE ALSO REQUIRED TO PROMPTLY NOTIFY THE AIWF SAN DIEGO TREASURER OF THE DOLLAR AMOUNT FOR THE COURSE WORK WITH AMPLE TIME FOR A 2018 PAYMENT DUE DATE PLUS THE NAME, TITLE, AND MAILING ADDRESS OF THE PERSON AT THE SCHOOL TO WHOM THE CHECK IS TO BE SENT.

When will you be graduating? \_\_\_\_\_

Name of school/college where you plan to further your education and apply this scholarship

\_\_\_\_\_

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

*The scholarship award is not transferable to another school/college without the written permission of the Scholarship Committee, and permission may be denied at the discretion of the Committee.*

What is your current G.P.A.? Have you received any awards or honors?

\_\_\_\_\_

What subject/field do you plan to study or major in? \_\_\_\_\_

If currently employed:

Where: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Although this scholarship is primarily based on merit, we also consider need. If there are any factors that would affect your ability to pay for your studies, please explain:

Do you or any members of your family have any affiliation with The AIWF? If so, please describe:

\_\_\_\_\_

*Should false information be provided as a part of the application process, the AIWF has the right to terminate any scholarship awarded and/or request the repayment of the scholarship. Make sure that all information provided is stated accurately. All scholarship recipients, by signing the Application, acknowledge the accuracy of the information stated and agree that their name and photos of him or her may be used for the benefit of The AIWF and its scholarship program.*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant/Date

**If you are under 18 years of age, please complete the section below and have your parent/guardian sign.**

Parents' Confidential Information:

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant/Date

Signature of Parent/Guardian/Date

**Office Use Only:**

Candidate Statement \_\_\_\_\_

Letters of Recommendation \_\_\_\_\_

Academic/Work History \_\_\_\_\_

Date of Interview if Requested \_\_\_\_\_

(Attach Interview Notes)