



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

### **2024 Scholarship Application for Study in 2025**

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 San Diego Chapter of AIWF awards tuition 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 \$350 to \$3,000.* All schools must be accredited. All schools must also offer continuous relevant hands-on, in-person experience rather than online studies.

Since the money for the scholarships is raised by the San Diego Chapter, *scholarships are only awarded to current or prospective students who are connected to San Diego County by school, work, or recent involvement in food or beverage in the area. The scholarship money may be used for study within or outside of San Diego County.*

Applications will be accepted until **September 30, 2024.**

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, email addresses, and if required Social Security number.

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 2025.** 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 at least two letters of recommendation from your teachers and/or mentors. Recommendations must be current and have a complete letterhead with the sender's name, address, telephone number, and email address. All recommendations must have an original signature rather than an electronic signature. Additionally, please include a summary of your academic and work history (resume) that includes your experiences relating to a career involving food and wine.**

**The deadline for accepting applications is September 30, 2024.** Please complete and mail 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, during which you will need to present your study plan.

Name: \_\_\_\_\_

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

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

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

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

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

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

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

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, CELL PHONE NUMBER, AND E-MAIL ADDRESS IN ORDER FOR AIWF TO STAY IN TOUCH.

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 2025 PAYMENT DUE DATE PLUS THE NAME, TITLE, AND MAILING ADDRESS OF THE PERSON AT THE SCHOOL TO WHOM THE CHECK IS TO BE SENT.

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 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.**

Parent/Guardian's Confidential Information:

Parent/Guardian's Name: \_\_\_\_\_

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

Day/Mobile 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 \_\_\_\_\_