



C·CAP

CAREERS through
CULINARY ARTS PROGRAM

QUOTE

**For C-CAP's 2017-2018
Instructional Package**

2017-2018 SCHOOL PARTICIPATION FORM

ABOUT C-CAP

Careers through Culinary Arts Program (C-CAP) works with public schools across the country to prepare and provide underserved high school students with college and career opportunities in the restaurant and hospitality industry. Now in its 28th year of operation, C-CAP manages the country's largest not-for-profit high school culinary scholarship program and has awarded students more than \$53 million in scholarships, and donated \$5 million worth of supplies and equipment to classrooms.

2017-2018 C-CAP Instructional Package for teachers and students helps teachers increase their students' college and career readiness

- Professional Development for Culinary Teachers
- C-CAP Approved: A Curriculum Outline of Essential Culinary Arts Skills
- C-CAP/Rouxbe Online Cooking School Enrichment Program
- Classroom Visits
- Product and Equipment Donations
- College Advising
- Annual Cooking Competition for Scholarships
- College 101 – Transitioning from High School to College
- Young Chefs Programs (winter and summer)
- Job Shadows and Industry Field Trips
- Job Training and Internships
- Career Advising

2017-2018 C-CAP INSTRUCTIONAL PACKAGE COST QUOTE

\$5,000.00 to participate in the 2017-18 C-CAP LA program

Contact Anna Borgman, National Program Manager with instructional package questions –

TEL: 212-974-7111; FAX: 212-974-7117 or EMAIL: aborgman@ccapinc.org

Address: C-CAP 505 Eighth Avenue, Suite 1400, New York, NY 10018

Contact Gail Carney, LA Culinary Coordinator, with program questions –

TEL: 213.542.1967; FAX: 213.629.4288 or EMAIL: gcarney@ccapinc.org

Address: C-CAP LA 202 W. 1st St., Suite 6-0410, Los Angeles, CA 90012

PLEASE SELECT FROM ONE OF THE OPTIONS BELOW:

RETURN THIS FORM TO C-CAP, 505 Eighth Avenue, Suite 1400, New York, NY 10018
OR FAX TO: (212) 974-7117

AND

To Gail Carney, c/o C-CAP Los Angeles, 202 W. 1st St., Suite 6-0410, Los Angeles, CA 90012 or EMAIL TO:
gcarney@ccapinc.org or FAX TO: 213.629.5288 by **October 1, 2017.**

YES – I AGREE TO PAY THE FEE OF \$ 5,000.00 and will proceed to get a Purchase Order issued and sent to C-CAP. I understand that this agreement must be signed and send C-CAP's National office and C-CAP LA's local office October 1, 2017.

Please print legibly
SCHOOL: West Ranch High School

TEACHER NAMES: Michael McClintock
Tracie Priske

AUTHORIZED DISTRICT REP'S NAME: _____

AUTHORIZED DISTRICT REP'S SIGNATURE Date signed

MAIL INVOICE TO: (INCLUDE CONTACT NAME AND MAILING ADDRESS)

NAME: _____

ADDRESS: _____

EMAIL/TELEPHONE: _____

I AM INTERESTED AND WOULD LIKE TO MEET WITH C-CAP.

NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

I WOULD LIKE C-CAP TO CALL ME TO DISCUSS PARTICIPATION.

NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____



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- Annual Cooking Competition for Scholarships
- College 101 – Transitioning from High School to College
- Chefs Volunteer Programs (winter and summer)
- Chefs Panel, Job Shadows and Industry Field Trips
- Job Training and Internships
- Career Advising

2017-2018 C-CAP INSTRUCTIONAL PACKAGE COST QUOTE

\$3,500.00 to participate in the 2017-18 C-CAP LA program

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gcarney@ccapinc.org or FAX TO: 213.629.5288 by **October 1, 2017**.

YES – I AGREE TO PAY THE FEE OF \$ 3,500.00 and will proceed to get a Purchase Order issued and sent to C-CAP. I understand that this agreement must be signed and send C-CAP’s National office and C-CAP LA’s local office by October 1, 2017.

Please print legibly
SCHOOL: _____

Valencia High School

TEACHER NAME: _____

Melinda Wignal

AUTHORIZED DISTRICT REP’S NAME: _____

AUTHORIZED DISTRICT REP’S SIGNATURE _____

Date signed _____

MAIL INVOICE TO: (INCLUDE CONTACT NAME AND MAILING ADDRESS)

NAME: _____

ADDRESS: _____

EMAIL/TELEPHONE: _____

I AM INTERESTED AND WOULD LIKE TO MEET WITH C-CAP.

NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

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NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____



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Please print legibly
SCHOOL: _____

Golden Valley High School

TEACHER NAME: _____

Dana Bobek

AUTHORIZED DISTRICT REP’S NAME: _____

AUTHORIZED DISTRICT REP’S SIGNATURE _____

Date signed _____

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NAME: _____

ADDRESS: _____

EMAIL/TELEPHONE: _____

I AM INTERESTED AND WOULD LIKE TO MEET WITH C-CAP.

NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

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NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____