

SCHOOL NUTRITION ASSOCIATION IOWA
Family Member Scholastic Scholarship Application

The application form is to be completed by the applicant

PERSONAL INFORMATION

Applicant's Name:

Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

SNA Member Name _____ **Relationship:** _____

SNA Membership #: _____ **How long?** _____ **SNA Certified:** **yes** **no**

Is SNA member currently employed in a School Foodservice Program? **yes** **no** **# of years?** _____

School District Name:

Supervisor's Name: _____ **Work Phone:** _____

ACADEMIC INFORMATION

Please provide information below about the school you will be attending during the 2020-21 academic year.

School:

City: _____ **State:** _____

Program Type:	Certificate Program	Year in School:	Freshman
	Associate Program		Sophomore
	Bachelor Program		Junior
	Masters Program		Senior
	Doctorate Program		Graduate Student
	Other		Other

How many credits do you plan taking during the 2020-2021 academic year?

What are your projected tuition/fees (\$) during the 2020-21 academic year?

Declared major: _____ **Expected Graduation:** _____

Cumulative GPA (4.0 scale): _____ **Major GPA (4.0 scale):** _____

Please attach a letter of acceptance and a copy of the course requirements of the food service program you are pursuing?

EDUCATION HISTORY

Please provide the names, city, and state of high school, colleges, or universities you have previously attended or are currently attending (if different from where you plan to attend the 2018-19 school year). Please list the most recent first and include a current transcript.

Most recent school:

Years (mm/dd/yy – mm/dd/yy)

Degrees Received:

City:

State:

Cumulative GPA (4.0 scale):

School:

Years (mm/dd/yy – mm/dd/yy)

Degrees Received:

City:

State:

Cumulative GPA (4.0 scale):

School:

Years (mm/dd/yy – mm/dd/yy)

Degrees Received:

City:

State:

Cumulative GPA (4.0 scale):

If you have additional schools to list, please attach a separate page.

ESSAY

On a separate sheet, please share about your long-term professional goals, and how this program/short course/ conference/etc. will help you reach these goals. DO NOT USE ALL CAPS. Remember to check for spelling and grammar errors. Your essay MUST be between 500 – 1000 words. Essays that do not meet the word count requirements will be disqualified.

REFERENCES

Please provide at least 2 references. A written letter of recommendation from at least 2 references must be included. Please include at least one from a current supervisor. All must be professional references. Include the contact information of each reference below.

Reference #1

Name:

Title:

Organization:

Email:

Please describe when, where and how you worked with this individual. Include specific dates, place(s) of employment at which you worked with the reference, and in what capacity (i.e. as your direct supervisor, as a colleague, etc.), as well as any other personal association you have had with the person recommending you. *

Reference #2

Name:

Title:

Organization:

Email:

Please describe when, where and how you worked with this individual. Include specific dates, place(s) of employment at which you worked with the reference, and in what capacity (i.e. as your direct supervisor, as a colleague, etc.), as well as any other personal association you have had with the person recommending you. *

CERTIFICATION AND RELEASE

By entering my name and date below:

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified in this application and the accompanying instructions.
- I hereby authorize the School Nutrition Foundation to verify correctness of statements to appraise this application.
- I hereby authorize the School Nutrition Foundation to utilize information about and from my application for public relations purposes, publicity, or other scholarship opportunities.
- I acknowledge the policy of confidentiality regarding my letters of recommendation, and
 - I waive my rights of access to my letters of recommendation
 - I do not waive my rights of access to my letters of recommendations

Signature:

Date:

APPLICATIONS AND ALL ACCOMPANYING MATERIALS ARE DUE BY APRIL 15, 2021.

Please send the original materials all together to the address below:

Shelly Mohr
Tipton Community School District
400 E 6th St
Tipton, IA 52772

Questions? Shelly.mohr@tipton.k12.ia.us