SCHOOL NUTRITION ASSOCIATION IOWA

Member Seminar/Conference/Class 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 Membership #: **How long?** **SNA Certified:** **yes** **no**

Are you currently employed in a School Foodservice Program? **yes** **no** **# of years?**

School District Name:

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

FUNDING REQUEST

Conference/class/short course/seminar requesting funding for:

Date of program: **Cost of program: $**

EMPLOYMENT HISTORY

How long have your worked in school nutrition?

Most recent employer:

Years (mm/dd/yy – mm/dd/yy) **Position:**

Job Duties:

Employer:

Years (mm/dd/yy – mm/dd/yy) **Position:**

Job Duties:

Employer:

Years (mm/dd/yy – mm/dd/yy) **Position:**

Job Duties:

SCHOOL NUTRITION ASSOCIATION PARTICIPATION

Please describe the SNA activities in which you have participated at the local, state, and national levels. This might include attending chapter meetings and SNA conferences, being a member of a local, state, or national committee or board, being a panelist in presentation, volunteering at an event, etc. Please include specific examples.

ESSAY

On a separate sheet, please share about your reasons for selecting school nutrition as a profession, your long-term professional goals, and how this program/short course/ conference/etc. will help you reach these goals. Please also describe how this will positively impact your school district and the field of school nutrition.

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