**Family Member of School Nutrition Association Member Scholarship Form**

*The application form is to be completed by the applicant (i.e. family member of SNAI member.*

1. Personal information

 Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNAI Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNA Membership Number \_\_\_\_\_\_\_\_\_\_\_\_

How many years has the SNAI family member been a SNA member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is the SNA member employed in a School Foodservice Program? No. of years \_\_\_\_

School District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Academic information

Please provide information below about the school you will be attending during the 2018-2019 academic year?

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program type:

* Certificate program
* Associate Program
* Bachelor program
* Master degree
* Doctorate degree
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year of school will 2018-2019 be for you?

* Freshman
* Sophomore
* Junior
* Senior
* Graduate student
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credits do you plan to take during the scholarship award period June 1, 2018 to May 31, 2019?

What are your projected tuition/fees ($) during the scholarship award period of June 1, 2018 to May 31, 2019?

What is your declared major?

Expected graduation date? (mm/dd/yyyy)

Cumulative GPA (4.0 scale)

Major GPA (4.0 scale)

Please attach a copy of the course requirements of the program you are pursuing?

Please attach a letter of your acceptance.

3. 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. Please include a current transcript.

#1

|  |  |  |
| --- | --- | --- |
| School: | City: | State: |
| Years: (from mm/yyyy – to mm/yyyy): | Cumulative GPA |  |
| Degrees received: |  |  |

#2

|  |  |  |
| --- | --- | --- |
| School: | City: | State: |
| Years: (from mm/yyyy – to mm/yyyy): | Cumulative GPA |  |
| Degrees received: |  |  |

#3

|  |  |  |
| --- | --- | --- |
| School: | City: | State: |
| Years: (from mm/yyyy – to mm/yyyy): | Cumulative GPA |  |
| Degrees received: |  |  |

\*If you have additional, please include an additional sheet.

4. Essay

Please share your long-term professional goals, and how your course of study will help you reach these goals. Please complete essay on additional document.

DO NOT USE ALL CAPS. Remember to check for spelling and grammar errors. Please include the essay on an additional sheet. Your essay MUST be between 500 – 1000 words. Essays that do not meet the word count requirements will be disqualified.

5. References

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

#1 Reference Information

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Email |
| Title | Organization | How long known individual: |

Please describe when, where and how you know this individual. Please indicate any other personal association you have had with the person recommending you. \*

#2 Reference Information

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Email |
| Title | Organization | How long known individual: |

Please describe when, where and how you know this individual. Please indicate any other personal association you have had with the person recommending you. \*

6. Certification and Release

By signing 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 Association of Iowa to verify correctness of statements to appraise this application.
- I hereby authorize the School Nutrition Association of Iowa 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:

**Send the original materials all together to the address below. All materials are due by April 15, 2018:**

Judy Lubben

LeMars Community Schools

27553 150th St

LeMars, IA 51031

Judy.lubben@lemarscsd.org

712.533.6528