

**“HEALTH NOW” AWARDS
ENTRY APPLICATION**

SCHOOL SYSTEM: _____

NAME OF SCHOOL: _____ GRADE RANGE: _____

APPLICANT’S NAME: _____

APPLICANT’S TITLE: _____

SCHOOL ADDRESS: _____

HOME ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

Complete if applicable:

I am a former winner submitting and documenting the expansion of a previous project.

**MAIL COMPLETED APPLICATION TO:
Ann Chaffin, School Nutrition Director
Giles County Schools
270 Richland Drive
Pulaski, TN 38478**

Signature

**DEADLINE: Post marked no later than
April 15, 2017**

GENERAL QUALIFICATIONS:

- * Any cafeteria employee who is a TSNA member may submit an application for his/her school. (Only one award per school will be made.)
- * Projects must have been focused on one or more of the following Dietary Guidelines for Americans:
 1. Lower fat, saturated fat, and cholesterol.
 2. Increase daily intake of whole grain products, vegetables and fruits.
 3. Use salt and sodium in moderation.
 4. Use sugars in moderation.
- * The project must have been done during the current school year.
- * A minimum of three (3) activities must be implemented during the school year that reinforces the targeted goal(s).
- * Previous winners may implement and document an expansion of previous project, but may not re-submit the same project. (Cafeteria employees who are from the same school, as the previous year’s winners must show they are NOT submitting the same project as the one that won last year.)
- * The entire submittal must not be more than ten (10) pages.

AWARDS:

The following cash awards will be presented at the June TSNA Conference:

- First Place.....\$300
- Second Place.....\$200
- Third Place.....\$100
- Fourth Place.....\$ 50

I. GOAL: Please check the Dietary Guideline(s) upon which your project focused:

_____ Lower fat, saturated fat and cholesterol.

_____ Increase daily intake of whole grain products, vegetables and fruits.

_____ Use salt and sodium in moderation.

_____ Use sugars in moderation.

WHO WAS YOUR TARGET GROUP? _____
(If students, please give the grade range.)

STATE THE BASIC GOAL OF YOUR PROJECT:

II. PLAN OF ACTION: This is what we did:

III. IMPLEMENTATION DATES AND BRIEF DESCRIPTION OF ACTIVITY:

List **three or more** implementation times. (They should be over an extended period, not all in one week.)

IV. EVALUATION:

How did you evaluate the success of your project?

What results did you obtain?

V. ADDITIONAL DOCUMENTATION: You may submit such items as photos and news articles. **DO NOT** submit more than 4 pages for this.

VI. LETTER FROM ADMINISTRATOR – 1 page attached.
The letter reflects the administrator’s knowledge of the project.

VII. LETTER FROM TEACHER – 1 page attached.
The letter reflects the teacher’s involvement in the project.