

**EMPLOYEES and DEPENDENTS APPLICATION**

**TSNA Industry Scholarship  
Application 2017**

**TSNA INDUSTRY SCHOLARSHIP CRITERIA**

Application must be postmarked by **April 15, 2017**.

Mail to: TSNA-Industry Scholarship  
4214 Hickory Ridge Road  
Lebanon, TN 37087

A \$1,000.00 TSNA Industry Scholarship is available to any School Nutrition employee or dependent child that is a current SNA member. If selected, recipient must retain active employment (not retired) in a School Nutrition Program in the state of Tennessee and maintain membership in SNA during the time the scholarship is being used.

- **School Nutrition Employee must hold SNA membership or application will be disqualified.**
- Scholarship funds must be used to attend an accredited two or four-year College or Technical School.
- Applicants who have applied for a scholarship in previous years are eligible to reapply.
- Current Scholarship recipients are eligible to reapply. The scholarship recipient must submit a transcript of their previous semester courses. The GPA must be at least a 2.5 or above.
- Preference may be given to applicants entering a Nutrition/Foodservice/ field.

**NUTRITION EMPLOYEE INFORMATION**

Name of School Nutrition Employee \_\_\_\_\_

Employee SNA Membership Number \_\_\_\_\_ **(required or application is disqualified)**

Level of SNA Certification \_\_\_\_\_

Name of School where Nutrition Employee is employed: \_\_\_\_\_

Present Job Title held in School Nutrition: \_\_\_\_\_

Number of Years employed in School Nutrition: \_\_\_\_\_

Employee Involvement in Local Chapter, TSNA or SNA  
Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP APPLICANT INFORMATION**

Applicant is: Employee  Dependent of Nutrition Employee

Previous Scholarship Recipient: Yes  No

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

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

Home Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Work Phone: \_(\_\_\_\_\_)\_\_\_\_\_

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

Where do you plan to enroll for further Educational training? \_\_\_\_\_

What courses will you be taking if awarded this scholarship? \_\_\_\_\_

What field of study do you plan to pursue? \_\_\_\_\_

Will you (scholarship recipient) be pursuing school nutrition training? \_\_\_\_\_

List three (3) goals or objectives for furthering your education:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EDUCATION AND ACHIEVEMENTS

**High School:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes  No

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes  No

Degree Earned & Field of Study: \_\_\_\_\_

**Other:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes  No

Degree Earned & Field of Study: \_\_\_\_\_

Are you SNA Credentialed? \_\_\_\_\_

List all schools by name and date and community involvement including leadership roles in clubs, associations or organizations:

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List all achievements, honors, recognitions and awards: Please attach additional sheets if needed.

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## ESSAY

Attach an essay (one page maximum) explaining your reason for applying for this scholarship and how it will impact your professional growth.

## REFERENCES

Please list three professional references and **submit one letter of professional reference from your list**:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*A \$1,000.00 Industry Scholarship is available to any School Nutrition employee or employee's dependent. Requirements are that the employee holds membership in SNA and employment in School Nutrition.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in repayment of funds to TSNA.*

*Scholarship funds will be paid directly to the institution upon receipt of proof of enrollment. Proof of enrollment documentation must be mailed to: TSNA, 4214 Hickory Ridge Road, Lebanon, TN 37087.*

*I agree to submit course documentation and receipts for tuition, books and other related expenses at completion of registration into higher education. In the event I am unable to use the \$1,000 scholarship by May 31, 2018, I agree to surrender my scholarship award. If documentation of completed coursework is not submitted within six (6) weeks after the end of semester, I agree to reimburse TSNA the amount of the scholarship award. Any refund by the institution of this scholarship money to the recipient must be returned to TSNA, 4214 Hickory Ridge Road, Lebanon, TN 37087.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Instructions

The following **MUST BE ATTACHED** for application to be considered complete:

- \_\_\_\_\_ Submit **Completed** Application form including the Nutrition Employee SNA membership #.
- \_\_\_\_\_ Submit requested essay.
- \_\_\_\_\_ Submit, along with application, one letter of professional reference from your reference list.
- \_\_\_\_\_ Current scholarship recipients must attach a transcript confirming a GPA of 2.5 or above.
- \_\_\_\_\_ If necessary, please use a separate sheet to answer questions.
- \_\_\_\_\_ Application must be postmarked by **April 15, 2017**.

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