

**EMPLOYEES and DEPENDENTS APPLICATION**

**TSNA Industry Scholarship  
Application 2018**

**TSNA INDUSTRY SCHOLARSHIP CRITERIA**

Application must be postmarked by **April 15, 2018**.

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: \_\_\_\_\_

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

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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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

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, 2018**. Mail to

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