

TENNESSEE SCHOOL NUTRITION ASSOCIATION
LEADERSHIP ACADEMY

Application

Name _____ School District _____

Work Address _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____

E mail address (work): _____

SNA Membership Number: _____ Certification Exp Date: _____
(must be a current member of SNA)

Are you a member of a local chapter? _____

Leadership Responsibilities in the last five years:

State and National Meetings attended in the last five years:

Reasons for wanting to attend the Leadership Academy:

Nomination by Chapter President or System Director/Supervisor

Signature of School Nutrition Program Supervisor: _____

(Note: If candidate is selected to participate in the Leadership Academy they must attend three Academy sessions. Two of these sessions will be held during the school year while the last one will be held on Monday before the TSNA conference begins. Your signature indicates you are supporting this candidate and will provide them with time off their normal job and that your system will provide funds for them to attend these meetings and TSNA conference. Please refer to the overview for additional information on candidate expectations and responsibilities.)



If selected as a Leadership Academy participant, I agree to participate fully in each session and all Leadership Academy activities at the TSNA conference. My school system is aware of this application and has agreed to my participation.

Signature of Applicant

Date

ATTACH A ONE PAGE ESSAY TITLED: If I was in charge of a School Nutrition Program, I would.....