

TSNA SCHOOL NUTRITION EMPLOYEE SCHOLARSHIP APPLICATION 2020

TSNA SCHOLARSHIP CRITERIA

Application must be postmarked by **April 15, 2020**.

Mail to: Peggy Hamby
Morgan County Schools
136 Flat Fork Rd
(423)346-6214 ext. 229 (phone)
(423)346-6043 (fax)
hambyp@mcsed.net

Any current TSNA member may apply for a \$1,000.00 TSNA Scholarship. If selected, recipient must retain active employment (not retired) in a School Nutrition Program in the state of Tennessee and current membership in TSNA during the time the scholarship is being used.

- **School Nutrition Employee must hold TSNA 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 2.5 or above.
- Recipients may only receive a maximum of \$8,000.00 from TSNA to use toward their education.
- Preference may be given to applicants who plan to use this additional education in the field of School Nutrition.

APPLICANT INFORMATION

Applicant is current **TSNA member (required)**: Yes No

FULL NAME: _____
Last First Middle Initial

ADDRESS: _____
Street Address Apartment / Unit #

City State Zip Code

WORK PHONE : (____) _____ HOME/CELL PHONE: (____) _____

EMAIL ADDRESS: (must be one you check year round) _____

Name of School or Office where employed: _____

Name of School System where employed: _____

JOB TITLE/POSITION in School Nutrition Program: _____

Brief JOB DESCRIPTION: _____

Other EXPERIENCE in School Nutrition _____

EMPLOYMENT DATE: _____ YEARS IN SCHOOL NUTRITION: _____

TSNA, Local Chapter or School Nutrition INVOLVEMENT/ACTIVITIES: (Use a separate sheet if needed.)

EDUCATION INFORMATION

Previous TSNA Scholarship Recipient: Yes No

If you have received TSNA scholarships in previous years, how much money have you received from TSNA (include TSNA and TSNA Industry Scholarships)?

Where do you plan to enroll for further educational training? _____

Will you be pursuing school nutrition training? Yes No

What field of study or major do you plan to pursue? _____

What courses will you be taking if awarded this scholarship? _____

How will this scholarship affect your professional growth in your current position or a future position in School Nutrition?

List three (3) measurable goals or objectives that further education will help you accomplish in your profession:

1. _____
2. _____
3. _____

EDUCATION AND ACHIEVEMENTS

Are you SNA Certified? Yes No If so, Level of Certification? _____

Are you SNS (School Nutrition Specialist) Credentialed? Yes No

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: _____

List all achievements, honors, community service and school involvement activities: (Use separate sheet if needed.)

ESSAY

Attach an essay (one page maximum) explaining your reason for applying for this scholarship, how it will impact your professional growth and how will you put your gained knowledge and education to practical application on the job.

REFERENCES

Please list three professional references and **submit two letters 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

Any school nutrition employee who is a current TSNA member may apply for a \$1,000.00 TSNA Scholarship. Requirements are that the employee holds membership in TSNA and employment (not retired) in School Nutrition in the state of Tennessee. Employment and membership must be retained during the time scholarship is being used.

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 may result in repayment of funds to TSNA.

The \$8,000.00 maximum that can be received in TSNA scholarships includes both Employee and Industry Scholarship Awards combined. This tally begins with TSNA scholarship awarded in 2015. Scholarship awardees have approximately 18 months from date of award to request and use scholarship funds.

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 December 31, 2021, 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. I also agree to repay to TSNA any scholarship monies already paid to the institution if I retire or am no longer employed in School Nutrition in the state of Tennessee while scholarship is being used. 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.
- _____ Submit requested essay. **Maximum of 1 page.**
- _____ Submit **two** letters 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, 2020** to person and address at top of application form.