## 100% CERTIFICATION AWARD APPLICATION: SYSTEM WIDE

* Only complete this form if you meet the percentage guidelines.	Return to	Return to GSNA Headquarters by March 1st		
istrict Number				
bystem with a high percentage of eligible school ecognized at the annual GSNA Conference in SYSTEM SIZE PERC up to 100 employees 100% 101-200 employees 95% 201-300 employees 90% 301-400 employees 85% over 400 employees 80% refinition of eligible employees: One who works 4 of lready employee holds a certificate), has worked in unds. Return by March 1st to the GSNA Headquar pplication in order to receive recognition.	April. In order to qualify, sys ENTAGE  r more hours per day, has a mir school nutrition at least one year	stems must meet the c nimum of an eighth grade ar, and is eligible to be pa	riteria below: e education (unless aid from school nutrition	
ease indicate number of employees that will be attending ertification ribbon to attach to their Conference name bado	•	rsons identified as attending	g conference will be give	
lame of System	Number o	Number of Schools in System		
	City	State	 Zip	
ttached to this sheet.)  FULL NAME OF SCHOOL	NUMBER OF "ELIGIBLE EMPLOYEES	" NUMBER OF CERTIFIED EMPLOYEES	NUMBER ATTENDING CONFERENCE	
TOTALS:				
Form can be emailed to info@g (Forms MUST be SUBMI	georgiaschoolnutrition.cor		-8917.	
he above information is correct to the best of	my knowledge.			
chool Nutrition Director	<del></del>	Date		

## 100% CERTIFICATION AWARD APPLICATION: INDIVIDUAL SCHOOL

	I <del></del>			
strict Number	Return to GSNA Headquarters by March 1st.			
* 0	nly complete this form if	your school is 100 % (	Certified.	
chools in which <u>all eligible</u> SN employees are cu inual Conference. To receive this recognition, ea e <b>GSNA Headquarters Office.</b>				
finition of eligible employee: One who works 4 or moready certified), has worked in school nutrition at least				
ease indicate by an X if the employee will be attended in the second result of the second results are second results.			ified as attending	
ll name of School	System's name			
ldress	Number of employees			
ty State Zip				
t <u>all eligible</u> employees in your kitchen and provide the ace is needed, please use another sheet of paper. (A				
NAME	JOB TITLE	CERTIFICATION EXP. DATE	ATTENDING CONFERENCE	
		EAT : BATE	OON ENEMOE	
Form can be emailed to info@geor  (Forms MUST be SUBMITTE	•		9-934-8917.	
	D to GSNA and NOT placed in		9-934-8917.	