GEORGIA SCHOOL NUTRITION FOUNDATION SCHOLARSHIP APPLICATION - Children (rev. May 2012)

For Children of GSNA Members Form 3 - A, Page 1

Complete application with attachments must be received at GSNA office by March 1st deadline. NOTE: Scholarship funds will be available to those selected by May 1st. Applicant Name: _____

1. Eligibility Requirements - check if "yes." <u>Any blank check box in Section 1 means you</u> are not eligible to apply.

- Child, grandchild or dependent of an active GSNA and SNA member who has been a member for at least one year, including the current year, and who meets all other criteria for membership eligibility.

 I Yes
- Child, grandchild, or dependent of GSNA/ SNA member who is currently certified or credentialed by SNA. REQUIRED! If you are not sure if you are certified, please call the GSNA office.
 Yes
- <u>Applicant has completed 15 quarter hours or 9 semester hours of college credit</u> with a grade of "C" or higher (for undergraduate study) or "B" or higher (for graduate study). ("AP" or Advanced Placement exams or classes do not qualify.)
 - I Yes

2. General Information- ALL information must be supplied			
1. Is this your first time to apply?	🛛 Yes	🛛 No	
2. What level scholarship are you applying for?	Graduate	Undergraduate	
3. Have you received a GSNF scholarship previou	usly? 🛛 Yes	🛛 No	
4. Name of college where currently enrolled			
5. Name of college, if different from where currently enrolled, that you plan to attend if you receive this scholarship			
6. Name of your degree/ academic program			

3. Applicant Information (Print or type):

Applicant's name	Telephone
Address	E-mail:
City, State, Zip	

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4. Parent or Guardian Information (Print or type):

Name		
Address		
City, State, Zip		
School System	GSNA District No	
Telephone	E-mail	
Membership Expiration Date	Experience in school nutrition:	years.
Certification Expiration Date (REQUIR	ED) Member Section:	School Level System Level
Position in School Nutrition/ Food Service	Department:	

5. Briefly describe below the GSNA <u>member's</u> participation in the School Nutrition Association activities at the local, district, state, and /or national level in the past two years, including meetings attended, offices or committee work, program presentations, etc. Use separate sheet if necessary. Limit to 250 words or less. ONE PAGE ONLY.

6. Applicant's ACADEMIC TRAINING

High School Attended	Diploma or GED	Date

Colleges Attended or attending	Major	Minor	Degree	Date

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7. Applicant's EMPLOYMENT (Past 5 years beginning with present)

Employer	Town	Title	From	То

SUBMIT THE FOLLOWING ATTACHMENTS:

8. Attachment A: A one page summary on a separate sheet of paper of what you have done in the past three years in the three areas listed below, that demonstrates your ability to succeed in your academic career. Include all three areas. (Maximum length is one page, $8\frac{1}{2}$ by 11 inches. NO Photos or other documents.)

- A. School
- B. Community
- C. Employment

9. Attachment B: A brief statement on a separate sheet of paper of how this scholarship money will help you or how it will assist you in your financial needs.

10. Provide the following documentation:

- A) Documentation of admission to a <u>degree program at an accredited college</u> or university or technical college.
- B) Two letters of recommendation. (One letter must be from an academic instructor). Recommendation letters MUST show the name, title, address, phone number and signature of person writing the letter. The letter may be submitted by e-mail, fax, or regular mail.
- C) Transcript of college credits with grades (this may be a grade report printed from the Internet by the student). Grade point average must be "C" or higher for undergraduate students and "B" or higher for graduate

students.

11. Certification of parent/ guardian and applicant:

Parent or guardian agrees that he/she will continue to work in school nutrition / food service in Georgia for at least one year, or repay the scholarship in full with 5% interest to the GSN Foundation. If the child receiving this scholarship changes schools, I understand the GSN Foundation may or may not choose to allow the transfer of the scholarship funds

Parent or guardian has read and agrees to all stated conditions of this scholarship.

Signature of Parent/ Guardian

Date

Signature of Applicant

Scholarship 2014 -15 Page 3 of 3 Date