

**GEORGIA SCHOOL NUTRITION FOUNDATION
FRANCES COLEMAN GRIFFIN SCHOLARSHIP APPLICATION (rev May 2012)**

For GSNA Members at Graduate Level Only
Form 2, Page 1

Applicant Name: _____

NOTE: Scholarship funds will be available to those selected by Oct. 1st and May 1st.

<p>1. Eligibility Requirements for Applicants: Circle items below “yes” or “no”. Any “no” answers in Section 1 mean you are NOT eligible to apply.</p> <ul style="list-style-type: none">• Active and current membership in GSNA and SNA for one year. Yes No• Currently certified or credentialed by SNA. Yes No• Enrolled in a Graduate level (Master’s degree or higher) academic program leading to professional certification as a School Nutrition Director by the Professional Standards Commission of the State of Georgia. Yes No
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<p>2. General Information</p> <p>1. Is this your first time to apply? Please circle Yes No</p> <p>2. Have you received a GSNF scholarship previously? Yes No</p> <p>3. Applying for scholarship period: August 1, 20____ December 15, 20____ March 1, 20____</p> <p>4. College or university where you are enrolled : _____</p> <p>5. Name of your degree/ academic program _____</p>

3. Applicant Information (Print or type)

Applicant's name _____ Telephone _____

Address _____ E-mail: _____

City, State, Zip _____

School System _____ GSNA District No. _____

Expiration Date: SNA Membership _____ SNA Certification _____ **OR**

SNA Credential _____

Years Experience in school nutrition: _____

Position in School Nutrition: _____

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4. ACADEMIC TRAINING

Colleges Attended or attending	Major	Minor	Degree	Date

5. EMPLOYMENT (Past 5 years beginning with present)

Employer	Address or e-mail address	Title	From	To

COMPLETE THE FOLLOWING. LIMITED TO ONE PAGE 8 1/2 by 11, 10 pt type. NO Photos or other documents.

- 6.** Briefly describe in writing, on a separate sheet of paper (*one page only*), what have you done in the past 5 years in the areas listed below to demonstrate your ability to enhance the Georgia School Nutrition Program or to demonstrate your leadership skills in these areas. (Include information for all areas.)
- A.** Marketing Nutrition Education
 - B.** Maintaining the nutritional integrity of the program
 - C.** Employee Training
 - D.** Wellness Promotions

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7. In the following space or on a separate sheet of paper, write a statement of your philosophy of child nutrition, including why you are interested in child nutrition and your purpose in wanting further education. **LIMITED TO ONE PAGE 8 1/2 by 11, 10 pt type. NO Photos or other documents.**

8. In the following space or on a separate sheet of paper, describe your participation in GSNA activities at the local, district, and state or national, level during the past two years. **LIMITED TO ONE PAGE 8 1/2 by 11, 10 pt type. NO Photos or other documents.**

9. Briefly state how this scholarship will help you with your financial needs and what is your main purpose for applying for this scholarship.

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10. Submit the following documentation with your application:

- A) Evidence of Admission to a Master's Degree program or higher.
- B) **Two letters of recommendation** (one from immediate supervisor). 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 "B" or higher for graduate students.

11. If I accept this scholarship, I will continue to work in child nutrition/ food service in Georgia for at least one year or repay the scholarship in full with 5% interest to GSN Foundation. If I change schools, I understand the Foundation may or may not choose to allow the transfer of the scholarship funds.

12. I agree to all stated conditions of this scholarship.

Signature of Applicant

Date

Return this application to :

Georgia School Nutrition Association
2372 Main Street Tucker, GA 30084
770-934-8890