

GEORGIA SCHOOL NUTRITION FOUNDATION SCHOLARSHIP APPLICATION REQUIREMENTS

All Georgia School Nutrition Foundation Scholarships (including those for attending LAC Conference or other training) require the following:

1. The applicant OR Applicant's parent or guardian (in the case of a children's application) **MUST hold a current School Nutrition Certificate** from the national School Nutrition Association in Washington D.C **OR hold the SNS (School Nutrition Specialist) Credential** from SNA.

2. GSNA Member applicants or parents/guardians of children applying **MUST be current members of GSNA.**

3. **Applicants for college Scholarships must already have successfully completed 9 semester hours of college credit.** "AP" or advanced placement credit hours in high school do not count as college credit; however "Dual Enrollment" college credit through a high school will be accepted.

Applicants MUST provide with application:

Two letters of recommendation

TRANSCRIPTS of college academic credit or "Dual Enrollment" credit proof

NO application will be considered as complete without these items.

If you have any questions about the requirements, please call or e-mail GSNA at 770-934-8890 or info@georigaschoolnutrition.com.

GEORGIA SCHOOL NUTRITION FOUNDATION
SCHOLARSHIP APPLICATION (rev. August 2018)

For GSNA Members
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Applicant Name: _____ (print or type)

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

1. Eligibility Requirements - check if "yes." Any blank item in Section 1 means you are not eligible to apply.

- Active and current membership in GSNA and SNA for one year. ____ Yes
- Currently certified or credentialed by SNA. ____ Yes
- Have completed 9 semester hours of academic college credit. ____ 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 previously? ____ Yes ____ No
4. Applying for Scholarship Period: __ **August 1, 20** __ **December 15, 20** __ **March 1, 20** __
5. Name of college you are presently attending or 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 _____

School System _____ GSNA District No. _____

Membership Expiration Date _____ Experience in school nutrition: _____ years.

Certification Expiration Date _____ Member Section: ____ School Level
____ System Level

Credential Expiration Date: _____

Position in School Nutrition/ Food Service Department: _____

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Scholarship Application GSNA Members

Applicant Name: _____

4. ACADEMIC TRAINING

Colleges Attended or attending	Major	Minor	Degree	Date

5. EMPLOYMENT (Past 5 years beginning with present)

Employer	Town	Title	From	To

6. Briefly describe in writing, on a separate sheet of paper, what you have done in the past 5 years in the areas listed below to demonstrate your ability to enhance the Georgia School Nutrition Program and to demonstrate your leadership skills in promoting these areas. **Include documentation for all areas, limited to 250 words or ONE PAGE, 8 ½ by 11, font size at least 10 pts. DO NOT include photos or attach other documents.**

- A. Marketing Nutrition Education
- B. Maintaining the nutritional integrity of the program
- C. Employee Training
- D. Wellness Promotion

7. On a separate sheet of paper, write a maximum 250 word statement (ONE PAGE, 8 ½ by 11, font size at least 10 pts) of your philosophy of child nutrition, including why you are interested in child nutrition and your purpose in wanting to further your education. **DO NOT include photos or attach other documents.**

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Scholarship Application GSNA Members

Applicant Name: _____

8. Describe in the space below or on a separate sheet of paper, your participation in GSNA activities at the local, district, state, and national level during the past two years. **ONE PAGE, 8 ½ by 11, font size at least 10 pts. DO NOT include photos or attach 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.

10. Submit the following documentation:

A) **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.

B) 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. If I accept this scholarship, I will continue to work in child nutrition/ school 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