

GEORGIA SCHOOL NUTRITION FOUNDATION SCHOLARSHIP APPLICATION REQUIREMENTS (revise 1/2024)

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 nine (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.

4. **Applicants are eligible to receive scholarships one (1) time per year up to four (4) years.**

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 (Revised 1/2024)

For GSNA Members

Applicant Name: _____ (print or type)

NOTE: Scholarship funds will be available to those selected by Oct. 1st, Feb. 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!

Is this your first time to apply? _____ Yes _____ No
(List all dates of previous scholarships received) _____
What level scholarship are you applying for? _____ Graduate _____ Undergraduate
Have you received a GSNF scholarship previously? _____ Yes _____ No
Applying for Scholarship Period: ___ August 1st ___ December 15th ___ March 1st
Name of college you are presently attending or plan to attend if
you receive this scholarship _____
Name of your degree/ academic program _____

3. Applicant Information (Print or Type)

Applicant's Name: _____ Cell: _____

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: _____

GEORGIA SCHOOL NUTRITION FOUNDATION

SCHOLARSHIP APPLICATION (Revised 1/2024)

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	City	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) describing your goals and desire 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. 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.

10. 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.

11. **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