

# **SCHOOL NUTRITION ASSOCIATION IOWA**

## **Family Member Scholastic Scholarship Application**

*The application form is to be completed by the applicant*

### **PERSONAL INFORMATION**

**Applicant's Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Email:**

**SNA Member Name**

**Relationship:**

**SNA Membership #:**

**How long?**

**SNA Certified:**

**yes**

**no**

**Is SNA member currently employed in a School Foodservice Program?      yes      no      # of years?**

**School District Name:**

**Supervisor's Name:**

**Work Phone:**

### **ACADEMIC INFORMATION**

*Please provide information below about the school you will be attending during the upcoming academic year.*

**School:**

**City:**

**State:**

**Program Type:**

Certificate Program

**Year in School:**

Freshman

Associate Program

Sophomore

Bachelor Program

Junior

Masters Program

Senior

Doctorate Program

Graduate Student

Other

Other

**How many credits do you plan to take during the upcoming academic year?**

**What are your projected tuition/fees (\$) during the upcoming academic year?**

**Declared major:**

**Expected Graduation:**

**Cumulative GPA (4.0 scale):**

**Major GPA (4.0 scale):**

## EDUCATION HISTORY

*Please provide the names, city, and state of high school, colleges, or universities you have previously attended or are currently attending (if different from where you plan to attend in the upcoming school year). Please list the most recent first and include a current transcript.*

**Most recent school:**

**City:**

**State:**

**Years** (mm/dd/yy – mm/dd/yy)

**Cumulative GPA (4.0 scale):**

**Degrees Received:**

**School:**

**City:**

**State:**

**Years** (mm/dd/yy – mm/dd/yy)

**Cumulative GPA (4.0 scale):**

**Degrees Received:**

*If you have additional schools to list, please attach a separate page.*

## ESSAY

On a separate sheet, please share about your long-term professional goals, and how this program will help you reach these goals.

## CERTIFICATION AND RELEASE

By entering my name and date below:

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified in this application and the accompanying instructions.
- I hereby authorize the School Nutrition Foundation to verify correctness of statements to appraise this application.
- I hereby authorize the School Nutrition Foundation to utilize information about and from my application for public relations purposes, publicity, or other scholarship opportunities.

Signature:

Date:

**APPLICATION AND ALL ACCOMPANYING MATERIALS ARE DUE BY APRIL 15<sup>th</sup>.**

**Please send original materials all together to  
SNA Iowa, 2017 Aikman Dr, Ames, IA 50010**

Questions? snaiaowa@msn.com