

# **SCHOOL NUTRITION ASSOCIATION IOWA**

## **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 Membership #:**

**How long?**

**SNA Certified:**

**yes**

**no**

**Are you 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:** \_\_\_\_\_

**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.*

## EMPLOYMENT HISTORY

**How long have you worked in school nutrition?**

**Most recent employer:** \_\_\_\_\_

**Years** (mm/dd/yy – mm/dd/yy) \_\_\_\_\_ **Position:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Years** (mm/dd/yy – mm/dd/yy) \_\_\_\_\_ **Position:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Years** (mm/dd/yy – mm/dd/yy) \_\_\_\_\_ **Position:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

## **SCHOOL NUTRITION ASSOCIATION PARTICIPATION**

Please describe the SNA activities in which you have participated at the local, state, and national levels. This might include attending chapter meetings and SNA conferences, being a member of a local, state, or national committee or board, being a panelist in presentation, volunteering at an event, etc. Please include specific examples.

### **ESSAY**

On a separate sheet, please share about your reasons for selecting school nutrition as a profession, your long-term professional goals, and how this program / short course / etc. will help you reach these goals. Please also describe how this will positively impact your school district and the field of school nutrition.

### **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? [snaiowa@msn.com](mailto:snaiowa@msn.com)