

**KENTUCKY SCHOOL NUTRITION ASSOCIATION
SCHOLARSHIP INFORMATION/APPLICATION**

The Kentucky School Nutrition Association will award (up to 3) \$500.00 scholarships each year. The scholarship must be used to improve or complete a career program in some phase of food service.

QUALIFICATIONS:

Applicant must be a SNA certified or credentialed member and a School Nutrition Employee or a dependent of such employee.

INSTRUCTIONS FOR COMPLETING APPLICATION:

- 1) Complete scholarship application.
- 2) Submit two letters of recommendation. a) a personal reference b) a professional reference
- 3) Submit a copy of the official education program requirements, describing your coursework
- 4) Submit application and all related documents by May 1st, to:

KSNA President

GUIDELINES:

- 1) Scholarships are granted for an academic year.
- 2) One scholarship per year per person.
- 3) A scholarship recipient may apply for a scholarship in succeeding year(s).
- 4) A copy of the official education program requirements, describing your coursework, must be submitted.
- 5) Winners will be notified by letter or email.
- 6) Scholarship payments will be made directly to the individual following proof of class registration.

The scholarship winner will be notified in May prior to the KSNA State Conference in June. The winner will be recognized and honored at the KSNA summer conference if they choose to attend.

**KENTUCKY SCHOOL NUTRITION ASSOCIATION
APPLICATION FOR \$500.00 SCHOLARSHIP**

NAME _____

ADDRESS _____ KY _____
(Street) (City) (Zip)

TELEPHONE (_____) _____ (email) _____

Director _____ Manager/Assistant _____ Dependent _____

Name and give a brief description of the degree/certificate you are working towards:

Explain how you will use this coursework and additional training:

(if additional space needed, attach sheet)

EDUCATION: High School _____ College _____

Most recent GPA _____

I certify that the information provided with this application is true and accurate:

_____ signature of applicant

_____ signature of member (if dependent is applying)

_____ today's date

SNA Membership # _____ Certification/Credentialing Expiration Date _____

**KSNA SCHOLARSHIP
Scoring Form**

Date _____

County _____

Name _____

Judge's Score _____

	Possible Points	Points Awarded
1. Application must be postmarked on or before May 1st	10	_____
2. Application properly completed.	10	_____
3. Two letters of recommendation	20	_____
4. An explanation of how this scholarship will be used	30	_____
5. Received related document with application in order requested	10	_____
6. GPA (most recent)	20	_____
TOTAL POINTS.....		_____