

# School Nutrition Association of North Carolina Scholarships

The School Nutrition Association of North Carolina awards two (2) \$500 scholarships. The scholarship guidelines are shown below.

## Qualifications

Applicant must:

Be a SNA-NC member and a Child Nutrition Employee.

Be enrolled in, or enrolling in, a college food service related, **degreed** program.

Agree to return any unused portion of the scholarship at the end of the year.

## Instructions for Completing Application

1. Complete scholarship application.
2. Submit an up-to-date transcript of all academic work.
3. Submit three (3) letters of recommendation. Letters of recommendation should be from former or current instructors, former or current employers and an individual from the applicant's home community.
4. Include a letter stating why you desire a scholarship.
5. Submit two (2) copies of application and all related documents by **May 1** to the Award/Nominations Chair.

The Award/Nominations Chair for 2016-2017 is:

**Alison Francis**

5855 Crabtree Road

Clyde, NC 28721

Phone: 828-627-1150

Email: [afrancis@haywood.k12.nc.us](mailto:afrancis@haywood.k12.nc.us)

## Guidelines

1. Scholarships are granted for an academic year.
2. A scholarship recipient may apply for a scholarship in succeeding years.
3. Winners will be announced at the SNA-NC annual meeting in June each year.
4. Scholarship payments will be made directly to the college/university.
5. Executive Board members are not eligible to apply for or receive a SNA-NC Scholarship while they are serving on the board.



**Scholarship Application**  
**School Nutrition Association of North Carolina**

Name: \_\_\_\_\_ SNA/SNA-NC# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Education: Circle last grade completed**

High School: 9 10 11 12 College: 1 2 3 4

**Previous food service courses taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and address of College or Technical Institute you plan to attend:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check area of study:**

Institutional Food Service Management \_\_\_\_\_ Dietetics \_\_\_\_\_

Foods and Nutrition \_\_\_\_\_

Other \_\_\_\_\_ (describe) \_\_\_\_\_

**Present Employment**

School System \_\_\_\_\_ School \_\_\_\_\_

Child Nutrition Position \_\_\_\_\_

Number of Years Child Nutrition experience \_\_\_\_\_

**Attach to this application in duplicate:**

1. Three letters of recommendation
2. A letter explaining your present Child Nutrition position and how a scholarship can assist you in future achievements.
3. Current Transcript.

**Applications are due by May 1.**

Mail to: Alison Francis  
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Clyde, NC 28721  
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