



Earnestine Camp Scholarship Application Spring 2019

The Arkansas School Nutrition Association (ASNA) will award scholarships in the amount of \$325.00 to select individuals who are members of ASNA. If you are a **food service manager, trainee, supervisor or director**, you are eligible to apply for a scholarship to improve your food service management skills. Part I and Part II of Manager's Certification Workshops are sponsored by the Child Nutrition Unit of the Arkansas Department of Education, and you may be eligible to attend at "no cost" if you are chosen to receive a scholarship. To be considered for a scholarship, you should follow the instructions below and submit the attached application in its entirety. The four application packages received from you will be reviewed by the Education Committee of ASNA, and award winners will be notified. Recertification is not eligible through application submission, only Part I and Part II of the Manager's Certification is covered through the scholarship program.

Each applicant for scholarship must:

1. Be a current member of the Arkansas School Nutrition Association as of March 1, 2019, (Submit: copy of membership card or a copy of the label from your monthly journal)
2. Submit a letter indicating your professional growth plans and why you are requesting financial aid,
3. Submit a letter of recommendation from the superintendent, director/supervisor stating ability, initiative and potential as a professional nutrition employee, and
4. Return (2) completed application sets by **March 29** to:

Laura Shores,
Scholarship Chair
3950 Highway 316 South
Poplar Grove, AR 72374
Email: laurajillshores@gmail.com

Scholarship Package should contain:

- 1) Membership verification: membership card copy or a copy of label from monthly journal.
- 2) Letter indicating plans for growth & financial need.
- 3) Letter of recommendation from superintendent, director or supervisor.
- 4) Two sets of the above documents.
- 5) Place a check mark here, if you have completed all four of the above listed items _____.

Notes:

- a. All applications must be **RECEIVED** by the deadline.
- b. Applications must be completed in its entirety.
- c. Two sets of the completed application package must be submitted in **one envelope** to the address listed above.



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ASNA Membership Number: _____ (This is on the Journal mailing label.)		Application for attending:	
		Part I: _____	
		Part II: _____	
Name:		Street:	
City:		State:	Zip:
Social Security Number :		Phone:	Date of Birth:
Employer:		Phone:	
Street:		City:	
State:	Zip:		
Position Held: Full-time _____ Part-time _____			
Have you previously received a scholarship? Yes _____ No _____			
If yes, Date Received:			
Name of Scholarship:		Amount:	
Will your school help pay for attending the workshop? Yes _____ No _____			
Education (high school, college or university - list all attended)			
Name	Location	Year(s) Attended	Degree Received