



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 the 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, 2019** to:

Cynthia T. Gammon
Education Committee Chair
625 Irving Street
Forrest City, AR 72335
Email:
cynthia.gammon@fcsd.grsc.k12.ar.us

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) Each application 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.



Making the right food choices, together.

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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 (last four digits): | | 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 |
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