

TENNESSEE SCHOOL NUTRITION ASSOCIATION  
LEADERSHIP ACADEMY

Application

Name \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

E mail address: \_\_\_\_\_

SNA Membership Number: \_\_\_\_\_ Certification Exp Date: \_\_\_\_\_  
(must be a current member of SNA)

Are you a member of a local chapter? \_\_\_\_\_

If selected as a Leadership Academy participant, I agree to participate fully in each session. My school system is aware of this application and has agreed to my participation.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

By signing this application, I give permission for applicant to participate fully in each session.

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

Please fill out each section as completely as possible - you may attach ONE (1) additional sheet if needed (in addition to the essay). Your application will be evaluated based on the points indicated below. There is a total of 50 possible points.

Leadership Responsibilities in the Last Five Years: (10 points)

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State and National Meetings attended in the last five years: (10 points)

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Reasons for wanting to attend the Leadership Academy: (10 points)

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Nomination by Chapter President or System Director/Supervisor: (10 points)

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(note: this section must be filled out by Chapter President or System Supervisor)

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Attach a one page essay titled, "If I was in Charge of the School Nutrition Program, I would.....!" This essay will give you the opportunity to explain your vision for the School Nutrition Program. (10 points)