

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)

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

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

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

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



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)