

TENNESSEE SCHOOL NUTRITION ASSOCIATION
LEADERSHIP ACADEMY

Application

Name _____ School District _____

Work Address _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____

E mail address (work): _____

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

Are you a member of a local chapter? _____

Leadership Responsibilities in the last five years:

State and National Meetings attended in the last five years:

Reasons for wanting to attend the Leadership Academy:
