

EMPLOYEE APPLICATION

Applicant Information

Applicant is: Employee Are you a TSNA member?

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: () _____ Home Phone: () _____

E-mail Address: _____

To Be Completed by Applicant

Present Position held in School Nutrition: _____

Employment Date: _____

Brief Job Description: _____

Total Number of years in School Nutrition: _____

Other experience in School Nutrition: _____

TSNA, Local Chapter or School Nutrition Involvement/Activities: _____

Where do you plan to enroll for further training? _____

What type of courses do you plan to take? _____

How will this scholarship affect your profession growth? _____

List three (3) goals or objectives for this work/career: 1) _____
 2) _____
 3) _____

Education and Achievements

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List achievements, honors, community service and school involvement. Please use a separate sheet if needed.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

TSNA SCHOLARSHIP CRITERIA

A \$500.00 Scholarship is available to any School Nutrition Employee.

- Applicant must be employed in the School Nutrition Program and hold membership in TSNA.
- Applicants who have applied for a scholarship in previous years are eligible to reapply
- Scholarship recipients are eligible to reapply, but must attach transcript from previous award.

Disclaimer and Signature

A \$500.00 Scholarship is available to any School Nutrition Program employee. Requirements are that the applicant holds membership in TSNA and be employed in a School Nutrition Program.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in repayment of funds to TSNA.

Note:

I agree to submit course documentation and receipts for tuition, books and other related expenses at completion of the course to the address listed below. In the event I am unable to use the \$500 within two years, I will repay the balance to TSNA Scholarship.

Signature: _____ Date: _____

Important Instructions:

The following MUST BE ATTACHED for application to be considered complete:

- 1) Completed signed Application Form.
- 2) Write an essay (one page maximum) explaining your reason for applying for this scholarship.
- 3) Include a letter of reference from your school principal, School Nutrition Director, Director of Schools, or immediate supervisor.
- 4) Transcript Attached (required for previous winners).
- 5) If necessary, please use a separate sheet to answer any questions.
- 5) Application must be postmarked by **APRIL 15, 2010**. Mail to: Vicky Fortner, Scholarship & Awards Chair

Perry County Schools
857 Squirrel Hollow Drive
Linden, TN 37096