

# Missouri School Nutrition Association School Nutrition Association Annual National Conference Scholarship Application

This \$1000 scholarship opportunity provides current MSNA members the opportunity to attend the SNA Annual National Conference.

Priority will be given to first-time attendees. Please send the completed application to: <a href="msna@mosba.org">msna@mosba.org</a> with "MSNA ANC Scholarship" in the subject line.

**DEADLINE: April 15** 

NOTIFICATION OF AWARD: May 1

### Eligibility Requirements

- o Current school nutrition employee, manager, or director members
- o Current SNA member and member of SNA for at least 2 years
- State agency and industry members are not eligible
- Only one scholarship per school district per conference
- Only one scholarship per individual per school year

## Personal Information

First Name:	
Last Name:	
Job Title:	
School District:	
MO County:	
Phone Number:	
Email Address:	
SNA Member ID:	
Have you ever prev	riously attended ANC? If so, when was the last time you attended ANC?
Have you ever beer and when you recei	n awarded an MSNA scholarship in the past? If so, please list the scholarship ived the award.
Commitment t	o Professional Development & SNA
To demonstrate thi	nitment to life-long learning and your personal professional development. s, please list trainings you have attended, certificates/credentials you hold, nave presented, panels you have participated on, etc. (Max. number of

Show us your commitment to the School Nutrition Association. To demonstrate this, please list the SNA activities in which you have participated at the local, state, and national levels, including: attending chapter meetings and SNA conferences, being a member of a local, state, or national committee or board, volunteering at an event, etc. Please include specific examples.

## Essay

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Tell us how you think attending ANC will be beneficial. Please address the challenges you currently face in your job and the benefits attending ANC will have on you personally, your career, and your school/school district.

Essay must reach a minimum of at least 300 words and not exceed a maximum of 500 words.					

#### **Final Questions**

Please upload the completed and signed form from your supervisor, stating that they approve your travel away from the school district if you are selected to receive this scholarship and that they endorse your application for this scholarship.

#### Certification and Release

By entering my name and date below, I certify that all information on this application is true and complete to the best of my knowledge and that I meet all eligibility requirements for this scholarship.

I certify that my school district and supervisor are aware of my application for this scholarship and have approved my potential travel/time out of the school district to attend the conference, if awarded.

I hereby authorize the Missouri School Nutrition Association to verify correctness of statements to appraise this application.

I hereby authorize the Missouri School Nutrition Association to utilize information about and from my application for public relations purposes, publicity, or other scholarship opportunities.

Full Name:	
Date:	