

**SCHOOL NUTRITION ASSOCIATION IOWA
SCHOLARSHIP APPLICATION FORM**

Applicant's Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____
Email Address _____
SNA Membership Number _____ SNAI Member Name _____
How many years have you been a member? _____
Are you SNA certified? ()yes or ()no Check one.
Are you currently employed in a School Foodservice Program? _____ No. of years _____
School District Name _____
Supervisors Name _____
Work Phone No. (____) _____

FINANCIAL REQUEST: Amount of funding desired \$ _____

EDUCATION: If you are the candidate selected, how do you intend to use this money?
For example; on-line course, short course, seminar, degree program, state or national
conference, etc. Write a brief description.

*If selected, the treasurer will be directed to issue funds by the committee chair upon receipt of proof of completion of course and proof of payment. Exception would be for Graduate students, for research credits incompletes will be accepted.

DATE _____ SIGNATURE _____

RETURN APPLICATION TO:

Norma La Mantia, Association Manager
School Nutrition Association Iowa
3232 Fernwood Ct.
Davenport, IA 52807
(563) 823-0162

APPLICATION DEADLINE: MARCH 15

