

Nebraska School Nutrition Association
(NSNA)
Scholarship Application



Feeding Bodies. Fueling Minds.™

Name _____

NSNA Membership No.(Required) _____ Years of Membership _____

Address _____

City	State	Zip Code
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Telephone (work) _____ (home) _____
(cell) _____

Place of Employment _____

Food Service Title _____

Supervisor's Name _____

Please attach a letter of approval for attendance from your immediate supervisor.

Training or event you plan to attend _____

Date of training or event _____

Tuition cost or registration fee for this training or event: _____

The scholarship is limited to a maximum of \$250. Scholarship applications will be accepted 60-90 days prior to the event. Money will be sent to the applicant two weeks before the training or event.

Please explain why you would like to be selected as a scholarship recipient and what this award can mean for you. _____

What are your goals upon completion of this training_____

Additional Comments_____

If I am awarded a scholarship, I will to the best of my ability, remain a member of the Nebraska School Nutrition Association and continue a career in school food service.

If circumstances make it necessary to change my plans for use of this scholarship, I will notify NSNA immediately and ask that my name be withdrawn from the application process.

Signature of Applicant

Date

For NSNA Use Only

_____ *Awarded in the amount of* _____

_____ *Not Awarded*

Signature of NSNA President

Date

Please send application to:

Mary Finnegan, NSNA Awards Chairman

% Boyd County Schools

P O Box 109

Spencer, NE 68777

402-589-1333

402-340-6834