

Washington School Nutrition Association District Director's and Supervisor's Chapter Scholarship

Title: Formal Training Scholarship

Type: Grant: Any number totaling \$500

SCHOLARSHIP DEADLINE: MAY 1

DIRECTIONS: Please read carefully before completing. Type or print. Submit **three (3) copies**. Attach extra pages if necessary. *Please take note of the requirements on page 3 and include them with the application.*

Name: _____

Address: _____
(street) (city) (state) (zip)

Home Telephone: (____) _____ Work Telephone: (____) _____

SNA/WSNA Membership #: _____ Have you been a member for one year? ____ Yes ____ No

Education: (High School, College or University - List all attended):

<i>School Name</i>	<i>City/State</i>	<i>Year Attended</i>	<i>Degree/Diploma</i>
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Have you received a high school diploma? ____ Yes ____ No

If no, have you received a G.E.D.? ____ Yes ____ No

Have you previously received an SNA or WSNA Scholarship(s)? ____ Yes ____ No

If so, date received _____ Name of scholarship (s) _____

Work Experience: (list most recent first)

1. _____	_____	_____	_____
Type of work or position	Dates	School or Institution	Location

Immediate Supervisor: _____
Name Address

DDS Scholarship

Title: DDS Scholarship

Type: Grant: Any number totaling \$500

Criteria/Requirements for DDS Scholarship:

1. Be a current, active member of SNA/WSNA for a minimum of 1 year.
2. Provide a statement:
 - a. Of your professional goals, education plan (where you will use the one) and why you should receive scholarship money (100 to 300 words)
 - b. From your district stating that they do not reimburse you for formal training tuition.
 - c. 3. Enclose two letters of recommendation, one personal and one professional (from your supervisor)

Note: Scholarship money will be paid directly to the educational institution or to the recipient if he/she has a receipt of paid tuition.

Scholarship awards will be made at WSNA Annual Conference