

Applicants Name: _____

School District: _____

TASN Member # _____



Scholarship Cover Sheet

Please **circle** which of the following Scholarship you are applying for:

General

ESL

GED

College

SNA Legislative Action Conference

TASN Managers Academy

TASN Administrative Academy

TASN Partnership Collaboration Summit

Scholarship submissions MUST include the following:

- ✓ Cover sheet **must** be attached to the front of All Application
- ✓ Scholarship Application must be **clearly** typed or written in **black ink**
- ✓ A **signed** letter of recommendation from your Supervisor or Director
- ✓ A **signed (your signature)** personal statement explaining how and where you intend to use the scholarship
- ✓ Statement **must** be printed or typed and include complete sentences

Scholarship Requirements:

- ✓ Prior to submitting an application, you must be employed in a school child nutrition program in Texas for nine (9) months.
- ✓ You must submit an application providing all information and attachments requested by **February 15**.
- ✓ You may receive only **ONE** scholarship annually.
- ✓ Individuals applying for these awards should clearly state the purpose and how the scholarship is to be used.

Mail Completed Application to:

Texas Association for School Nutrition
5910 Courtyard Drive # 230
Austin, Texas 78731
(512) 371-0087 / (800) 444-5189
Fax: (512) 371-0125

***Applications must be filled out completely and postmarked no later than**

February 15.

Any late or incomplete applications received will be returned to the applicant.



Managers/Administrative Academy Scholarship Application

Instructions:

1. Complete the application form.
2. On a separate sheet of paper submit a two or three paragraph **signed (your signature)** personal statement explaining why you want to attend the academy.
3. Include a **signed** letter of recommendation from your immediate Supervisor or Director.
4. Cover Sheet must accompany this application.

**** Only (1) Managers Academy and (1) Administrative Academy will be awarded each year**

TASN Member # _____ Managers Academy

TASN Certification # _____ Administrative Academy

Personal Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Employment Information:

Current Position: _____ School District Name: _____

Supervisor/ Director Name: _____ Phone #: _____

How long have you have you been employed with the district? _____

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____