

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.



Partnership Collaboration Summit Scholarship Application

Instructions:

1. Attach completed Scholarship Cover Sheet
2. Must be an active TASN member
3. Must be a decision maker
4. Have not attended Partnership Collaboration Summit
5. Complete the application form. Type or print with black ink.
6. On a separate sheet of paper submit an essay (2-3 paragraphs) containing the following requirements:
 - **Signed (your signature)**
 - Your title or role in your district
 - Why you would like this scholarship
 - What do you expect to gain by attending
 - How can your district benefit by attending
7. Include a **signed** letter of recommendation from your immediate supervisor or superintendent.

**** Only (1) Partnership Collaboration Summit Scholarship will be awarded**

Personal Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Employment Information:

Current Position: _____ School District Name: _____

Supervisor Name: _____ Phone #: _____

Length of Employment: _____

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

Signature of Applicant _____ Date _____