



Earnestine Camp Scholarship Application Spring 2021

The Arkansas School Nutrition Association (ASNA) will award scholarships in the amount of the registration fee for Culinary Directions Parts I and II to select individuals who are members of the ASNA. If you are a **food service manager, trainee, supervisor or director**, you are eligible to apply for a scholarship to improve your food service management skills. Part I and Part II of Culinary Directions Certification Workshops are sponsored by the Child Nutrition Unit of the Arkansas Department of Elementary and Secondary Education. If you are chosen to receive a scholarship, your registration fee will be refunded. To be considered for a scholarship, you should follow the instructions below and submit the attached application in its entirety. Application packages received will be reviewed by the Nutrition, Education, and Wellness Committee of ASNA, and award winners will be notified. Recertification is not eligible through application submission, only Part I and Part II of Culinary Directions are covered through the scholarship program.

Each applicant for scholarship must:

- 1) Be a current member of the Arkansas School Nutrition Association as of March 31, 2021
(Submit: copy of membership card or a copy of the label from your monthly journal)
- 2) Submit a letter indicating your professional growth plans and why you are requesting financial aid,
- 3) Submit a letter of recommendation from the superintendent and/or director/supervisor stating ability, initiative and potential as a professional Child Nutrition employee, and
- 4) Return completed application by **April 16, 2021** to:

Amanda West
Nutrition, Education, and
Wellness Committee Chair
936 Jordan Drive
Monticello, AR 71655
Email: amanda.west@billies.org

Scholarship Package should contain:

- 1) Membership verification: membership card copy or a copy of label from monthly journal.
- 2) Letter indicating plans for growth & financial need.
- 3) Letter of recommendation from superintendent, director and/or supervisor.
- 4) Place a check mark here, if you have completed all three of the above listed items _____.

- Notes:
- a) All applications must be **RECEIVED** by the deadline.
 - b) Each application must be completed in its entirety.
 - c) Two sets of the completed application package must be submitted in **one envelope** to the address listed above or to the email address listed above.



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ASNA Membership Number: _____ (This is on the Journal mailing label.)		Application for attending:	
		Part I _____	
		Part II _____	
Name:		Street:	
City:		State:	Zip:
Social Security Number (last four digits):		Phone:	Date of Birth:
Employer:		Phone:	
Street:		City:	
State:	Zip:		
Position Held: _____ Full-time_____ Part-time_____			
Have you previously received a scholarship? Yes_____ No _____			
If yes, Date Received: _____			
Name of Scholarship:		Amount:	
Will your school help pay for attending the workshop? Yes_____ No _____			
Education (high school, college or university - list all attended)			
Name	Location	Year(s) Attended	Degree Received