

## QUALIFICATIONS FOR MSNA SCHOLARSHIP

### APPLICANT MUST:

1. Submit a complete application to the Chairman of the Scholarship Committee by October 1 of every year.
2. Have been a member of the Mississippi School Nutrition Association for the two (2) previous years.
3. Be a legal resident of Mississippi.
4. Sign a written agreement with the Mississippi School Nutrition Association.
5. Use scholarship funds between MSNA Annual Conference and October 1 of next year.

### TYPES OF SCHOLARSHIPS:

1. Committee (Junior) College or Vocational School course for Professional Development.
2. College course for Professional Development.
3. College/University course to be completed as part of an undergraduate or graduate degree program.

Submit the following information with the application:

1. Copy of current MSNA/SNA membership card or label from SNA Journal.
2. Copy of High School Diploma or GED certificate or college or university transcript.
3. Three written references: one business, one professional, one personal.
4. Any additional information that will assist the committee in deciding.

### POLICIES OF THE SCHOLARSHIP COMMITTEE

1. Applications will be considered only when the complete application with all documentation has been submitted.
2. The Committee will evaluate applications and no later than October 15; notify each applicant of action taken.
3. Scholarship and Award recipients will be announced at the Annual MSNA Conference.
4. Funds from the Scholarship must be used by October 1 of the next year.
5. The funds for the full amount of the scholarship will be disbursed to the individual when proof of enrollment and a receipt for a university or college course are submitted to the Scholarship Chairman. The receipt does not have to be for the full amount of the scholarship. **Documentation must be submitted for courses taken between MSNA Annual Conference and prior to October 1 of the next year.**
6. A letter of appreciation must be sent to the Industry Sponsor within two weeks after award. A copy for your file should be sent to the address below:

Pam Kirby  
Rankin County School District  
127-B Pleasant Street  
Brandon, MS 39042

**MISSISSIPPI SCHOOL NUTRITION ASSOCIATION  
SCHOLARSHIP APPLICATION**

(Print or type)

Name: : \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
          Last               First               Middle

Address: \_\_\_\_\_  
          Street                               City                               County                               Zip Code

E-mail address:  
\_\_\_\_\_

Is applicant a legal resident of Mississippi? \_\_\_\_\_

Check: \_\_\_\_\_ Child Nutrition Staff Member \_\_\_\_\_ Child Nutrition Manager \_\_\_\_\_

Child Nutrition Director/Supervisor \_\_\_\_\_ Other (state your position) \_\_\_\_\_

Education: \_\_\_\_\_  
          High School               Address                               Dates Attended                               Year Graduated

College                               Address                               Dates Attended                               Degree                               Year Graduated

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Major Subject: \_\_\_\_\_ Minor Subject: \_\_\_\_\_

Present Employer:

\_\_\_\_\_   
School District/State Agency               Address                               Position                               Dates

Immediate Supervisor  
\_\_\_\_\_

Written References Included: (no relatives)  
          Name                               Address                               Phone #                               Position

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Number of years of membership in MSNA: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
(Submit copy of SNA Membership Card. Contact Doris Schneider at [msnaorg@gmail.com](mailto:msnaorg@gmail.com) for number if card cannot be located.)

Please state why financial assistance is desired. Also, state how long you would expect to work in School Child Nutrition in Mississippi. Feel free to make additional comments:

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If you are the candidate selected, how do you intend to use the scholarship? Explain how this course/courses will improve your contribution in meeting the nutritional needs of Mississippi students.

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Return application to: Pam Kirby  
Professional Development Co-Chair  
Rankin County School District  
127-B Pleasant Street  
Brandon, MS 39042  
(601) 825-2257 Fax: (601) 825-9084

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Please be sure to complete both pages and send completed application.  
\*\*\*Application must be received by October 1<sup>st</sup> to be considered in current year.  
\*\*\*All scholarships are to be used between MSNA Annual Conference and October 1 of the next year.