



**Feeding Bodies. Fueling Minds.™**

**2018 School Nutrition Association of South Carolina  
Hall of Fame  
Nominations are being solicited!**

**To be considered, nominations must be received by September 14, 2018.\***

The SNA of SC Hall of Fame Awards is an opportunity to recognize the “difference makers” in our Child Nutrition Programs in South Carolina.

This award recognizes SNA of SC members and Industry members who make distinguished contributions to and for Child Nutrition Programs. Nominee should be someone who regularly lends his/her experience, expertise and efforts to improve School Nutrition in South Carolina.

**Judging for the Hall of Fame will be based on the following criteria:**

The recipient of this award is a person who gives his/her time, talent, and energy unselfishly, making essential and recognized contributions, and is involved in civic or community service projects.

The Child Nutrition employee/Industry member should be someone who provides stellar customer service to students, staff and districts; going beyond their job duties to ensure customer concerns are addressed.

The nominee must have a minimum of 20 years of service in Child Nutrition Programs.

**To submit:** The application is available on the SNA of SC’s website, [www.schoolnutritionsc.com](http://www.schoolnutritionsc.com). You may submit the application by postal mail or email by September 14, 2018.

SNA of SC – Hall of Fame  
PO Box 1795  
Columbia, SC 29202

Email to [snasc@bellsouth.net](mailto:snasc@bellsouth.net)



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## **2018 School Nutrition Association of South Carolina Hall of Fame**

**Please type or clearly print the information below.**

Nominee's First Name:	Nominee's Last Name:
Nominee's Mailing Address:	
Street/PO Box: _____	
City: _____ State: _____ Zip Code: _____	
Nominee's Phone Number:	
Nominee's Email Address:	
Alternate Contact, if nominee is deceased:	
Nominee's Length of Service (i.e., number of years – must be minimum of 20 years of service):	
Indicate where nominee is/was employed:	
<input type="checkbox"/> School District: _____	
<input type="checkbox"/> Company: _____	
<input type="checkbox"/> State Agency: _____	

**Nominations must be no more than 300 words.**

Nominee Name:

Narrative why this person is nominated (please specifically indicate contributions to the Child Nutrition Programs in South Carolina).

**Nominated by:**

Name:	
Address:	
Telephone:	
Email:	
Signature:	
Date:	

**\*No nominations will be accepted after September 14, 2018!**