

SNA of SC Dr. Vivian Pilant Scholarship Program

SNA of SC provides the following scholarship opportunities for SNA of SC Members and their dependents:

- Member Scholarship (to be applied towards 2 or 4 year degrees)
- Member Award/Grant (to be applied towards courses for job development in the field)
- Dependent Scholarship (to be applied towards 2 or 4 year degrees)

Members and Dependents are defined as:

- 1. Member Current member of SNA/SNA of SC
- 2. Dependent Any individual claimed as a dependent on your tax return (adopted from IRS definition of a dependent)

A scholarship recipient may receive an award for a maximum of four (4) college years. Receipt of the scholarship by a student one year does not guarantee receipt in future years. Applications must be completed on a yearly basis.

INSTRUCTIONS FOR APPLYING

STEP 1 – Ensure that the applicant meets the scholarship eligibility requirements

Scholarship Eligibility Requirements:

1) Current Member of SNA of SC

- a. *Member Scholarship or Award/Grant*: SNA Member has **two consecutive years** of membership and be currently employed in school food service.
- b. **Dependent Scholarship:** SNA Member has **five consecutive years** of membership **and** currently employed in school food service.

2) Academic Prerequisites - Documentation must reflect the most current academic year

a. Member Scholarship

- > Hold an approved high school graduate certificate or diploma
- > Transcripts must reflect a "B" average or higher
- Provide a copy of an acceptance letter from an accredited college or university
- Apply for undergraduate work in institutional management or a related field and indicate an interest for continuing studies in school food service

OR

Have attended an accredited college or university and wish to continue studying toward a degree in a field related to food services

OR

Hold a degree from an accredited college or university and desire graduate study in a field related to school food service

b. Member Award/Grant

Submit a letter showing interest to improve career in school food service programs in South Carolina through classes/courses pertinent to job-related skills

c. Dependent Scholarship

- Hold an approved high school graduate certificate or diploma
- > Transcripts must reflect a "B" average or higher
- Provide a copy of an acceptance letter from an accredited college or university
- Apply for undergraduate work

OR

Have attended an accredited college or university and wish to continue studying toward a degree

OR

Hold a degree from an accredited college or university and desire graduate study

STEP 2 – Compile application materials

- 1) Complete attached application form
- 2) Verification of member's required years of employment and membership in SNA of SC
 - a. Copy of current membership card or typed notice from local chapter membership chair
- 3) Personal letter (100 300 words) outlining:
 - a. Reason for selection of school food service as a profession (members only).
 - b. Professional and educational goals.
 - c. Community activity and SNA of SC activities (members only).
 - d. Extra curricula activities/work (dependents only).
 - e. Additional information pertinent to reasons for application.

4) Proof of Academic Performance

- Member and Dependent Scholarships: Most current transcript from an educational institution showing proof of academic performance.
- ➤ Member Award/Grant: Letter showing interest to improve career in school food service programs in South Carolina through classes/courses pertinent to job-related skills.

5) Copy of Official Acceptance Letter

a. Provide a copy of the official acceptance letter from an accredited college or university (if this is your first time applying for this scholarship)

6) Three Letters of Recommendation

a.	Personai	Rei	ere	ence		

- ☐ Attached ☐ Being mailed separately
- b. Supervisor, Director, or Employer (or teacher, if dependent is not employed)
 - ☐ Attached ☐ Being mailed separately
- c. School Principal, Superintendent, Guidance Counselor, or Dean

(Members - letter may be from either the school you attended as a student or from the school where you have been employed)

☐ Attached ☐ Being mailed separately

(NOTE: Provide the person preparing your reference letter with this information to ensure that these items are addressed)

- ✓ Capacity in which applicant has been known
- ✓ Length of time applicant has been known
- ✓ Personality

- ✓ Ability
- ✓ Initiative
- ✓ Leadership qualities
- ✓ Potential as a professional person
- 7) Recent photograph all applicants, to be used for conference book and SNA of SC website

Step 3 - Send the completed application

- 1) Submission must be postmarked or received no later than May 1, 2019. Only completed applications received by this date will be considered.
- 2) Send complete application to the following address.

Dr. Vivian Pilant Scholarship Program Committee School Nutrition Association of South Carolina Post Office Box 1795 Columbia, SC 29202

^{***} Letters of Recommendation should include the following information:

ADDITIONAL INFORMATION

Scholarships will be awarded after August 1, 2019, and checks will be mailed to the address on this application, made payable to the SNA of SC member as scholarship recipient or as parent/guardian for the dependent.

Should you receive a scholarship or award/grant, the following conditions apply:

- Member will sign a written agreement to work in South Carolina school food service for at least one year or repay the Association the amount received within one (1) year.
- > Dependent and member sign agreement to return the money to the SNA of SC if not used for its intended purpose.
- ➤ The scholarship award is for the current school year and does carry over to the next school year. You must attend in the school year the award is granted. Failure to do so will require recipient to repay the entire scholarship award amount.



SCHOOL NUTRITION ASSOCIATION OF SOUTH CAROLINA

Post Office Box 1795 Columbia, SC 29202 Telephone: (803) 734-8193 Email: snasc@bellsouth.net

Dr. VIVIAN PILANT SCHOLARSHIP PROGRAM

APPLICATION

Directions: Please read carefully before completing this application. **TYPE** or **PRINT** answers. Submit all requested information by **May 1. 2019**. Add extra pages if necessary.

information by May 1,	2019. Add extra pages if necessar	ary.		
APPLICANT INFORM	IATION			
		S	Scholarship Year:	August 2019 – July 2020
Member's Name:				
If applying for Depen	dent Scholarship, his/her name:			
Mailing Address:				
City:		State:		Zip:
Member's Place of E	mployment (School Name):			
County/District:				
Phone: (Home)		(Work)		
Member's Email:				
Dependent's Email:				
SNA Membership Nu	ımber:		(Documentation must	be sent with application.)
•	tive Years of Membership:			,
I am applying for:				☐ Dependent Scholarship
PERSONAL DATA O	F PERSON APPLYING FOR SCI	HOLARSH	IP	
Have you previously re	eceived this scholarship? □ Ye	es 🗆 No	If yes, indicate yea ☐ 2014 ☐ 2015	ar(s): □ 2016 □ 2017 □ 2018
Have you received a h	nigh school diploma or GED?	Yes [□ No	
EDUCATION OF PER	SON APPLYING FOR SCHOLA	RSHIP: Lis	st all attended. (high s	chool, college, or university)
Name	City/State)	Years Attended	Degree/Diploma
			†	

Major Area(s) of Study:							
Undergraduate							
Graduate							
Are you currently working on a	ı degree? □	∃Yes □ No	If yes, what degree?				
PLANNED PROGRAM OF CL	_ASSES:						
Name and address of scho	ool you are	School:	School:				
presently attending or you accepted	have been to attend:	Address:	Address:				
		City:	City: State: ZIP:				
Name of Majo	or Advisor:						
WORK EXPERIENCE OF PEI	RSON WHO			most recent first.)			
Type of Work or Position	Dates		nool or Business and Address	Immediate Supervisor			
				<u>l</u>			
SIGNATURES REQUIRED:							
I (We) confirm that the information provided is correct to the best of my (our) knowledge.							
Signature of Member			Signature of Dependent				

INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED FOR A SCHOLARSHIP AWARD.

Note:

Scholarships will be awarded after August 1, 2019, and checks will be mailed to the address on this application, made payable to the SNA of SC member as scholarship recipient or as parent/guardian for the dependent.

THREE LETTERS OF RECOMMENDATION

Please include this page with your application, indicating if the three letters are attached or being mailed separately. Also, enter the person's name providing the letter. If your letters will be submitted by the person writing them, *please be sure you have informed them of the deadline – May 1, 2019*.

A.	Personal Reference
	☐ Attached ☐ Being mailed separately
	Name:
В.	Supervisor, Director, or Employer (or teacher, if dependent is not employed)
	☐ Attached ☐ Being mailed separately
	Name:
C.	School Principal, Superintendent, Guidance Counselor, Advisor, or Dean (Members – letter may be from either the school you attended as a student or from the school were you are employed)
	☐ Attached ☐ Being mailed separately
	Name:
	ake sure the following items are included in your application packet ailing (see page 2 of the instructions for further details).
	implete application form.
	rification of member's required years of employment/membership in SNA/SNA of SC
	rsonal letter (100-300 words)
	irrent Transcript showing Proof of Academic Performance
Со	ppy of Official Acceptance Letter (if this is your first time applying for this scholarship)
Th	ree Letters of Recommendations O Personal Reference □ Attached □ Being mailed separately O Supervisor, Director, or Employer (or teacher, if dependent is not employed) □ Attached □ Being mailed separately O School Principal, Superintendent, Guidance Counselor, or Dean (Members - letter may be from either the school you attended as a student or from the school where you have been employed) □ Attached □ Being mailed separately
Re	cent Photograph