Georgia School Nutrition Foundation
Grant in Aid Application

Eligibility Requirements

Minimum of one year GSNA and SNA membership and currently certified or credentialed by SNA.

NOTE: Grants in Aid are **NOT** for the use to pay for GSNA or SNA meeting/conference registration fees. Grants in Aid **MAY** be used for education related expenses **ONLY,** such as Continuing Education courses, GED classes or Technical College courses. In addition, Grants in Aid **MAY** also be used for expenses pertaining to education such as textbooks, supplies, childcare and/or travel.

Applicant's Information

Name_____ Telephone _____

Address _____

City, State, Zip_____

E-mail _____

School / School System _____GSNA District #: _____

Years a member of GSNA (give dates): From_____to_____.

Member category (check one): ☐School Level ☐System Level

Membership Expiration Date:_____Certification / Credential expiration date: _____

General Information

1. Is this your first time applying for a grant in aid? ☐ Yes ☐ No

2. Have you previously received a grant in Aid in the past ☐ Yes ☐ No

3. Grant in Aid application period ☐August 1 ☐December 15 ☐March 1

4. Has applicant been accepted into a course/school ☐Yes ☐No ☐Anticipate Acceptance

5. If yes, please attach acceptance letter as documentation of acceptance.

6. Name of institution, school, and program enrolled in, or anticipated enrollment location_____.

7. Provide **Course Start Date:** _____ and **Course End Date**_____.

8. This Grant in Aid will be used for the purpose of enrollment in (check one)
☐Continuing Education Course ☐GED Classes ☐Technical College

9. In addition to education, this Grant in Aid will be used for the following expenses (check all that apply) ☐Text books ☐School Supplies ☐Childcare ☐Travel Expenses

10. Give a brief overview of intended course and anticipated expenses the Grant in Aid will cover.

Georgia School Nutrition Foundation
Grant in Aid Application

 Use separate sheet if necessary

11.Philosophy of Child Nutrition: Write a brief statement of your philosophy of child nutrition, including why you are interested in a child nutrition profession.

12.Continuing Education: State briefly, why you are taking this course (either a continuing education class or the related course for which you will need financial support, to include expenses needed for textbooks, childcare, or travel expenses.)

13.Financial Need: Is your school system contributing any funds to assist you in this education?

☐ Yes ☐ No **Explain briefly the need for financial assistance.**

14.Recommendation: Attach a letter of recommendation from your immediate supervisor. Recommendation letter **MUST** show the name, title, address, phone number and signature of person writing the letter. Submit the letter by e-mail, fax, or regular mail.

15.Commitment: If awarded a Grant in aid from GSN Foundation, I agree to continue working in School Nutrition in Georgia for one year or repay the Foundation the grant amount within one year of leaving School Nutrition, plus accrued interest at 5%.

_____ _____

Signature of Applicant Date

Mail this application, with required attachments by August 1st, December 15th, or March 1st to:

Georgia School Nutrition Association - 2372 Main St. Tucker, GA 30084
Email: info@georgiaschoolnutrition.com Fax: 770-934-8917