

NJSNA
CONTINUING EDUCATION
Scholarship Application

Name _____ date _____
Home address: _____ Work address: _____

Phone number(s):
Work _____ Home _____ Cell _____
Current employer _____
Current supervisor _____ phone _____

Name/title/phone number of the two (2) persons submitting a letter of recommendation:

1. _____
2. _____

Describe briefly your current job in school foodservice:

Current NJSNA membership # _____

I have been a member of NJSNA in _____ county for _____ years.

List all prior scholarships received from the Association:

Date	amount	reason
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_____	_____	_____
_____	_____	_____
_____	_____	_____

University/college that you will be attending: _____

Degree you are working on _____

Name of course you will be taking: _____

Number of credits: _____ Professor _____

Day/time that class meets each week: _____

I understand a grade of C or better must be earned or the scholarship money must be returned in full to NJSFSA.

I promise to submit the required support documentation (transcript with passing grade) within one month after completion of the class or return the full amount of the scholarship.

Signature _____ date _____

NJSNA scholarship committee use only:
Continuing education

Name of member requesting scholarship _____

Date received: _____

Date reviewed	_____	Name	_____
	_____	Name	_____
	_____	Name	_____
	_____	Name	_____
	_____	Name	_____

Required support documents received:

Application: yes ___ no ___

Letter justifying request: yes ___ no ___

Letters of recommendation:

First letter: yes ___ no ___

Second letter: yes ___ no ___

Approved: YES ___ NO ___ Date _____

Committee justification if NOT approved:

Check # _____ Amount _____

Date sent _____

Proof that course was completed and passed received on _____