

NJSNA
PROFESSIONAL DEVELOPMENT
Scholarship Application

Name _____ date _____

Home address: _____

Phone number(s):

Work _____ Home _____

Cell _____

Current employer _____

Current supervisor _____
phone _____

Name/title/phone number of person submitting letter of
recommendation: _____

Describe briefly your current job in school food service:

Current NJSNA membership # _____

List all prior scholarships received from the Association:

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

I promise to submit the required support documentation (certificate of completion) within one month after the class/conference/ training has ended or return the full amount of the scholarship.

Signature _____ date _____

NJSNA scholarship committee use only

Professional Development

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___

Letter of recommendation: yes___ no___

Approved: YES___ NO___ Date _____

Justification if NOT approved:

Check # _____ Amount _____

Date sent _____

Proof that class/conference/training was completed was received on _____.