



Memorial Trust Fund Scholarship

New York School Nutrition Association Memorial Trust Fund Scholarship awards are made available each year to applicants who are active members of the NYSNA. The purpose of this scholarship is to help defray the cost of improving the recipient's present job performance or career status in school food service.

Whether in the early years of a promising career or a more tenured position, ongoing professional development is necessary to hone skills and maintain cutting edge creativity. Everyone benefits from advanced training and development opportunities. Yet, not everyone works for a district that can afford to fund certification opportunities for their employees.

The scholarship award may be used for graduate or undergraduate courses. The recipient need not be working toward a degree. The award may be used for local non-credit secondary or adult education courses. The Awards and Scholarship Committee may also approve the use of the awards to attend training workshops and/or courses designed to enhance the recipient's current job knowledge or facilitate their advancement in School Food Service. The scholarship may also be granted for professional accreditation within NYSNA member industries, such as but not limited to, the School Nutrition Specialist (SNS).

The number of scholarships awarded will be dependent on the scholarship fund balance and number of applicants each year. Applicants for awards will be judged based on time in the industry, association involvement, and financial need. A point system will be in place to judge the application's awarding. To ensure maximum membership participation in the program, each NYSNA member will be eligible to receive up to \$2500 in scholarship awards throughout the lifetime of the program.

Awards are determined by the end of May and acknowledged at the Annual Conference of the Association. Forms and all necessary paperwork required for receipt of the scholarship monies must be completed and received by Headquarters by October 1st of that year in order for the transfer of money to be completed within the current Association fiscal year which ends October 31. The award may be used for registration fees, course materials, transportation and personal expenses incurred in connection with the program. Checks will be drawn to the individual or the institution. Recipients will be asked to complete a voucher and submit receipts.

ABOUT THE SCHOLARSHIP

APPLICANTS

Must be current NYSNA members in good standing. Applicants are judged based on association involvement and demonstrated leadership ability. Applicants should indicate professional, organizational, or departmental need.

APPLICATION PROCESS

Scholarships shall be awarded once a year. Applications are due by May 31st each year. A letter of support from your immediate supervisor is required. Incomplete or late submissions will not be considered.

SELECTION

Applications shall be reviewed by the Awards and Scholarship Committee and determined by the end of May.

QUESTIONS?

**Contact NYSNA HQ
518.446.9061**



Scholarship Application

Name _____

Title _____

District/Company _____

Address _____

City _____ State _____ Zip _____

Work Phone _____

Cell Phone _____

Email _____

Years In Current Position _____ Years In Industry _____

NYSNA Member ID _____ Number of Years as a NYSNA member _____

Have you previously received a NYSNA scholarship?

___ Yes ___ No

If yes:

Scholarship(s) Received: _____

Date(s) Received: _____

Total Amount Received: _____

Association Involvement

Have you ever participated on the NYSNA board, or a NYSNA Committee/Task Force? If yes, please describe and include dates.

Have you ever been actively involved at the local chapter level, including board service or committee work? If yes, please describe and include dates.

How many NYSNA events have you attended in the past 3 years?

NYSNA Annual Conferences _____

NYSNA Regional Industry Seminars _____

NYSNA Legislative Action Conferences _____

NYSNA From the Show Floor _____

NYSNA Leadership Conferences
(last one 2019) _____

NYSNA Area Workshops _____

Professional Awards and Recognition: Please share any professional awards you have received.

Intended Use of the Award: Describe below how you intend to use the scholarship award. For educational uses indicate the name and address of institutions, course titles, etc.; the date you plan to enroll in courses and when you plan to complete the course.

Financial Need: Please give a breakdown of non-reimbursed expenses you are seeking scholarships funds to assist with.

How will this scholarship benefit your professional development?

Why should you be chosen to receive this scholarship?

A LETTER OF SUPPORT FROM YOUR IMMEDIATE SUPERVISOR MUST ACCOMPANY YOUR APPLICATION

By submitting this application, I agree to the criteria and requirements pertaining to the eligibility as outlined in the Memorial Trust Fund Scholarship program. I also certify that all of the information provided in my application is accurate.

Signature of Applicant

Printed Name

Date