**School Nutrition Association of North Carolina**

**100 % Membership Award and 100 % Certification** **Award**

**SNA-NC, 2318 N. Elm Street, Greensboro, NC 27408**

***Email Preferred - jbdfroth@aol.com***

***Application for Certificate of Achievement 100 % Membership School and for 100% Certification.***

***Please print or type all information requested below.***

|  |
| --- |
| Name of Cafeteria Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School System:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NC Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions:** To qualify for the SNA Certificate of Achievement as a 100 % Membership School, all permanent food service personnel in the school or administrative office **must have an SNA membership number on December 31** of any given year. To qualify for 100% Certification, all permanent food service personnel in the school must be SNA Certified by December 31. Applications for certification after November 1 will not be considered due to processing time.

Send one copy of this application to the SNA-NC Executive Director by **February 29**, **2024.**

**Applications received after March 1, 2024 will not be considered.** You do not need to complete a separate application for 100 % Certification. Additional copies of this form can be obtained from the Executive Director or from the web site www.schoolnutrition-nc.org . (See ***ARROW*** for addresses.) For information or additional forms call **1.888.204.8204**.

Number of Permanent Food Service Employees in the School:\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Member****List Manager’s name first** | **Membership No. REQUIRED** | **Certified****Yes/No** | **Office****Use** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |
| **11.** |  |  |  |
| **12.** |  |  |  |