



**SCHOOL NUTRITION ASSOCIATION OF SOUTH CAROLINA**

Post Office Box 1795

Columbia, SC 29202

Telephone: (803) 331-8632

Email: [snasc@bellsouth.net](mailto:snasc@bellsouth.net) ATTN: Scholarship Committee

**DR. VIVIAN PILANT SCHOLARSHIP PROGRAM**

**APPLICATION FOR SCHOOL NUTRITION SPECIALIST (SNS) CREDENTIALING FEES**

**Directions:** Please read carefully before completing this application. **TYPE** or **PRINT** answers. Submit all requested information by **January 25, 2021**. Add extra pages if necessary. The amount of the scholarship will cover the SNS Exam fee and the SNS Study Guide & School Food and Nutrition Service Management Bundle.

**APPLICANT INFORMATION**

Scholarship Year: **January 2021 – December 2021**

Member's Name:		
Mailing Address:		
City:	State:	Zip:
County/District:		
Phone: (Home):	(Work):	
Email:		
SNA Membership Number <i>(must be current)</i> :		

**PERSONAL DATA OF PERSON APPLYING FOR SCHOLARSHIP**

Do you meet required criteria to take Credentialing Exam?  Yes  No

**NOTE: It is your responsibility to make sure you meet SNA's required criteria; persons not able to take the exam must repay the scholarship award.**

**REQUIRED LETTERS**

Please include this page with your application, indicating if the letters are attached or being mailed separately. Also, enter the person's name providing the letter. Your personal letter must be attached but the letter of support can be attached or mailed. If your supervisor's support letter will be submitted by mail, **please be sure you have informed him/her of the deadline – January 25, 2021.**

**A. Personal Letter from Applicant** – a letter written by the applicant sharing employment information, personal goals, leadership qualities, SNA/SNA of SC activities (past and current), and why he/she wants to take the Credentialing Exam.

Attached

**B. Applicant's Supervisor** – this letter should reflect your supervisor's support for you to pursue this credential to include attending study group sessions and time to sit for the exam.

Attached  Mailed separately

Name: \_\_\_\_\_

## **SCHOLARSHIP AWARD CONTRACT**

It is understood that the money provided by this Scholarship has the express purpose of helping the School Nutrition Association of South Carolina (SNA of SC) member who is currently employed in school food services and is in good SNA/SNA of SC membership standing. It is granted upon the condition that the member will continue to serve at least one (1) more year in a School Food Service Program in South Carolina.

If the member shall fail to meet the requirements to take the Credential Exam or do not take the exam by December 31, 2021, for whatever reason, he/she is to repay the \$481.00 within one (1) year.

On this \_\_\_\_\_, 202\_\_ \_\_\_\_\_  
*Member's Signature*

***You must have two witnesses to sign.***

**Witness:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

### **SIGNATURE REQUIRED:**

I confirm that the information provided is correct to the best of my knowledge.

<i>Signature of Member</i>	<i>Date</i>
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**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR A GRANT AWARD.**

**It is the applicant's responsibility to make sure all SNA requirements are met BEFORE submitting this application to SNA of SC. If your SNS application to SNA is rejected and you have been awarded this scholarship, the award must be refunded.**

**Note:**

Scholarships will be awarded by January 31, 2021, and checks will be mailed to the address on this application.