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SNA of SC

Dr. Vivian Pilant Scholarship Program

SNA of SC provides the following scholarship opportunities for SNA of SC Members and their dependents:

* Member Scholarship *(to be applied towards 2- or 4-year degrees)*
* Member Award/Grant *(to be applied towards courses for job development in the field)*
* Dependent Scholarship *(to be applied towards 2- or 4-year degrees)*

Members and Dependents are defined as:

1. Member – Current member of SNA/SNA of SC
2. Dependent – Any individual claimed as a dependent on your tax return *(adopted from IRS definition of a dependent)*

A scholarship recipient may receive an award for a maximum of four (4) college years. Receipt of the scholarship by a student one year does not guarantee receipt in future years. Award amounts are based on completeness of scholarship application, and may vary. Applications must be completed on a yearly basis.

**Instructions for applying**

**STEP 1 – Ensure that the applicant meets the scholarship eligibility requirements.**

Scholarship Eligibility Requirements:

1. **Current Member of SNA of SC**
   1. ***Member Scholarship or Award/Grant****:* SNA Member has **two consecutive years** of membership **and** be currently employed in school food service.
   2. ***Dependent Scholarship*:** SNA Member has **five consecutive years** of membership **and** currently employed in school food service.
2. **Academic Prerequisites - *Documentation must reflect the most current academic year***
3. **Member Scholarship**

* Hold an approved high school graduate certificate or diploma.
* Transcripts must reflect a “B” average or higher.
* Provide a copy of an acceptance letter from an accredited college or university.
* Apply for undergraduate work in institutional management or a related field and indicate an interest for continuing studies in school food service.

***OR***

Have attended an accredited college or university and wish to continue studying toward a degree in a field related to food services.

***OR***

Hold a degree from an accredited college or university and desire graduate study in a field related to school food service.

1. **Member Award/Grant**

* Submit a letter showing interest to improve career in school food service programs in South Carolina through classes/courses pertinent to job-related skills.

1. **Dependent Scholarship**

* Hold an approved high school graduate certificate or diploma.
* Transcripts must reflect a “B” average or higher.
* Provide a copy of an acceptance letter from an accredited college or university.
* Apply for undergraduate work.

***OR***

Have attended an accredited college or university and wish to continue studying toward a degree.

***OR***

Hold a degree from an accredited college or university and desire graduate study.

**STEP 2 – Compile application packet materials *(ALL of these items makes the complete packet.)***

1. **Complete the attached application form.**
2. **Verification of member’s required years of employment and membership in SNA of SC.**
3. Copy of current membership card or typed notice from local chapter membership chair
4. **Personal letter (new one to be submitted each year) (100 - 300 words) outlining:**
   1. Reason for selection of school food service as a profession *(members only)*.
   2. Professional and educational goals.
   3. Community activity and SNA of SC activities *(members only)*.
   4. Extra curricula activities/work *(dependents only)*.
   5. Additional information pertinent to reasons for application.
5. **Proof of Academic Performance**

* *Member and Dependent Scholarships*: Most **current** transcript from an educational institution showing proof of academic performance.
* *Member Award/Grant:* Letter showing interest to improve career in school food service programs in South Carolina through classes/courses pertinent to job-related skills.

1. **Copy of Official Acceptance Letter**
   1. Provide a copy of the official acceptance letter from an accredited college or university (if this is your first time applying for this scholarship)
2. **Three Letters of Recommendation (new ones to be submitted each year)**
   1. Personal Reference

□ Attached □ Being mailed separately.

* 1. Supervisor, Director, or Employer *(or teacher if dependent is not employed)*

□ Attached □ Being mailed separately.

* 1. School Principal, Superintendent, Guidance Counselor, or Dean

*(Members – letter may be from a fellow faculty member where you are employed.)*

□ Attached □ Being mailed separately

\*\*\* Letters of Recommendation should include the following information:

***(NOTE: Provide the person preparing your reference letter with this information to ensure that these items are addressed)***

* Capacity in which applicant has been known.
* Length of time applicant has been known.
* Personality
* Ability
* Initiative
* Leadership qualities
* Potential as a professional person
* Leadership qualities
* Potential as a professional person

**7) Recent photograph** – all applicants, to be used for conference book and on SNA of SC website

**STEP 3 – Send the completed application packet (all items (1-7) indicated above)**

1. **Submission must be postmarked or received no later than April 30, 2024.** Only **completed** applications received by this date will be considered. Incomplete applications will not be reviewed for a scholarship. **Submitting old documents will result in loss of points which decreases the amount of the scholarship award.**
2. **Send complete application packet to the following address.**

*Dr. Vivian Pilant Scholarship Program Committee*

# School Nutrition Association of South Carolina

*Post Office Box 1795*

*Columbia, SC 29202*

**Additional Information**

Scholarships will be awarded after August 1, 2024, and checks will be mailed to the address on this application, made payable to the SNA of SC member as scholarship recipient or as parent/guardian for the dependent.

***Should you receive a scholarship or award/grant, the following conditions apply:***

* Member will sign a written agreement to work in South Carolina school food service for at least one year or repay the Association the amount received within one (1) year.
* Dependent and member sign agreement to return the money to the SNA of SC if not used for its intended purpose.
* The scholarship award is for the current school year and does carry over to the next school year. You must attend in the school year the award is granted. Failure to do so will require recipient to repay the entire scholarship award amount.

School Nutrition Association of South Carolina

Post Office Box 1795

Columbia, SC 29202

Telephone: (803) 734-8193

Email: snasc@bellsouth.net

**Dr. Vivian Pilant Scholarship Program**

APPLICATION

**Directions:** Please read carefully before completing this application. **TYPE** or **PRINT** answers. Submit all requested information by **April 30, 2024**. Add extra pages if necessary.

**APPLICANT INFORMATION**

|  |
| --- |
| Scholarship Year: **August** **2024 – July 2025** |
| Member’s Name: | |
| If applying for Dependent Scholarship, his/her name: | |
| Mailing Address: | |
| City: State: Zip: | |
| Member’s Place of Employment *(School Name)*: | |
| County/District: | |
| Phone: (Home) (Work) | |
| Member’s Email: | |
| Dependent’s Email: | |

**SNA Membership Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Documentation must be sent with application.)*

**Number of Consecutive Years of Membership:** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am applying for:** **□** Member Scholarship **□** Member Award/Grant **□** Dependent Scholarship

**PERSONAL DATA OF PERSON APPLYING FOR SCHOLARSHIP**

Have you previously received this scholarship? **□** Yes □ No If yes, indicate for which year(s):

□ 2019 □ 2020 □ 2021 □ 2022 **□**2023

Have you received a high school diploma or GED? **□** Yes □ No

**EDUCATION OF PERSON APPLYING FOR SCHOLARSHIP:** List all attended. (high school, college, or university)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **City/State** | **Years Attended** | **Degree/Diploma** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Major Area(s) of Study:**

|  |  |
| --- | --- |
| Undergraduate |  |
| Graduate |  |

Are you currently working on a degree? **□** Yes □ No If yes, what degree?

**PLANNED PROGRAM OF CLASSES:**

|  |  |
| --- | --- |
| Name and address of school you are presently attending or you have been accepted to attend: |  |
| School: |
| Address: |
| City: State: ZIP: |
| Name of Major Advisor: |  |

**WORK EXPERIENCE OF PERSON WHO WILL BE USING SCHOLARSHIP** (List most recent first.)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Work or Position | Dates | School or Business  and Address | Immediate Supervisor |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SIGNATURES REQUIRED:**

I (We) confirm that the information provided is correct to the best of my (our) knowledge.

|  |  |
| --- | --- |
| ***Signature of SNA/SNA of SC Member*** | ***Signature of Dependent*** |

**INCOMPLETE APPLICATION PACKETS**

**WILL NOT BE CONSIDERED FOR A SCHOLARSHIP AWARD.**

**Submission of old documents will decrease the amount of the scholarship award.**

**Note:**

***Scholarships will be awarded after August 1, 2024, and checks will be mailed to the address on this application, made payable to the SNA of SC member as scholarship recipient or as parent/guardian for the dependent.***

**Three Letters of Recommendation**

Please include this page with your application, indicating if the three letters are attached or being mailed separately. New letters of recommendation need to be submitted when re-applying for scholarship each year. Also, enter the person’s name providing the letter. If your letters will be submitted by the person writing them, ***please be sure you have informed them of the deadline*** – ***April 30, 2024***.

**A. Personal Reference**

**□** Attached **□** Being mailed separately

Name:

**B. Supervisor, Director, or Employer (or teacher, if dependent is not employed)**

**□** Attached **□** Being mailed separately

Name:

**C. School Principal, Superintendent, Guidance Counselor, Advisor, or Dean**

*(Members – letter may be from either the school you attended as a student or from the school were you are employed)*

**□** Attached **□** Being mailed separately

Name:

**Please make sure the following items are included in your application packet before mailing (see page 2 of the instructions for further details).**

* Complete application form.
* Verification of member’s required years of employment/membership in SNA/SNA of SC
* Personal letter (**updated** if re-applying) (100-300 words) *Please make sure your name is on the document.*
* **Current** Transcript showing Proof of Academic Performance
* Copy of Official Acceptance Letter *(if this is your first time applying for this scholarship)*
* Three Letters of Recommendations (**updated** if re-applying)
  + Personal Reference

□ Attached □ Being mailed separately

* + Supervisor, Director, or Employer *(or teacher, if dependent is not employed)*

□ Attached □ Being mailed separately

* + School Principal, Superintendent, Guidance Counselor, or Dean

*(Members - letter may be from either the school you attended as a student or from the school where you have been employed)*

□ Attached □ Being mailed separately

* Recent Photograph – a current headshot is preferred.