

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

<u>STEP 1</u> – Ensure that the applicant meets the scholarship eligibility requirements.

Scholarship Eligibility Requirements:

- 1) <u>Current Member of SNA of SC</u>
 - a. *Member Scholarship or Award/Grant:* SNA Member has **two consecutive years** of membership **and** be currently employed in school food service.
 - b. *Dependent Scholarship*: SNA Member has **five consecutive years** of membership **and** currently employed in school food service.

2) <u>Academic Prerequisites</u> - Documentation must reflect the most current academic year

a. 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.

b. 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.

c. 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.

<u>STEP 2</u> – 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.

a. Copy of current membership card or typed notice from local chapter membership chair

3) Personal letter (new one to be submitted each year) (100 - 300 words) outlining:

- a. Reason for selection of school food service as a profession (members only).
- b. Professional and educational goals.
- c. Community activity and SNA of SC activities (members only).
- d. Extra curricula activities/work (dependents only).
- e. Additional information pertinent to reasons for application.

4) **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.

5) Copy of Official Acceptance Letter

a. Provide a copy of the official acceptance letter from an accredited college or university (if this is your first time applying for this scholarship)

6) Three Letters of Recommendation (new ones to be submitted each year)

- a. Personal Reference
 - □ Attached □ Being mailed separately.
- b. Supervisor, Director, or Employer (or teacher if dependent is not employed) □ Attached □ Being mailed separately.
- c. 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

<u>STEP 3</u> – Send the completed application packet (all items (1-7) indicated above)

 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.

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APPLICANT INFORMATION

		S	Scholarship Year:	August 2024 – July 2025
Member's Name:				
If applying for Dependent Schol	arship, his/her name:			
Mailing Address:				
City:		State:		Zip:
Member's Place of Employmen	t (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: 🛛 🗆 Mem	ber Scholarship	□ Memt	per Award/Grant	Dependent Scholarship
PERSONAL DATA OF PERSON	I APPLYING FOR SCH	IOLARSH	IP	
Have you previously received this scholarship? □ Yes □ No If yes, indicate for which year(s): □ 2019 □ 2020 □ 2021 □ 2022 □ 2023				which year(s): ∃ 2021 □ 2022 □ 2023
Have you received a high school	·		□ No	
EDUCATION OF PERSON APP Name	LYING FOR SCHOLAF City/State	RSHIP: Lis	t all attended. (high so Years Attended	chool, college, or university) Degree/Diploma
Naille			Tears Attended	Degree/Diploma

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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	School:		
presently attending or you have been accepted to attend:	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

mai sch sub	led sep olarship	arately. New le each year. Als by the person wr	tters of so, ente	r application, indicating if the three letters are attached or being recommendation need to be submitted when re-applying for er the person's name providing the letter. If your letters will be em, <i>please be sure you have informed them of the deadline</i> –		
Α.	Personal Reference					
		ttached		Being mailed separately		
	Name:					
B.	Superv	visor, Director,	or Emp	loyer (or teacher, if dependent is not employed)		
		ttached		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)					
		ttached		Being mailed separately		
	Name:					
			-	items are included in your application packet e instructions for further details).		
Со	mplete	application for	m.			
Verification of member's required years of employment/membership in SNA/SNA of SC						
Personal letter (updated if re-applying) (100-300 words) <i>Please make sure your name is on the document.</i>						
	current Transcript showing Proof of Academic Performance					
	Copy of Official Acceptance Letter (if this is your first time applying for this scholarship)					
Th	 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 					
Re	cent Ph	notograph – a c	current	headshot is preferred.		