

Applicants Name: _____

School District: _____

TASN Member # _____



Scholarship Cover Sheet

Please **circle** which of the following Scholarship you are applying for:

General

ESL

GED

College

SNA Legislative Action Conference

TASN Managers Academy

TASN Administrative Academy

TASN Partnership Collaboration Summit

Scholarship submissions MUST include the following:

- ✓ Cover sheet **must** be attached to the front of All Application
- ✓ Scholarship Application must be **clearly** typed or written in **black ink**
- ✓ A **signed** letter of recommendation from your Supervisor or Director
- ✓ A **signed (your signature)** personal statement explaining how and where you intend to use the scholarship
- ✓ Statement **must** be printed or typed and include complete sentences

Scholarship Requirements:

- ✓ Prior to submitting an application, you must be employed in a school child nutrition program in Texas for nine (9) months.
- ✓ You must submit an application providing all information and attachments requested by **February 15**.
- ✓ You may receive only **ONE** scholarship annually.
- ✓ Individuals applying for these awards should clearly state the purpose and how the scholarship is to be used.

Mail Completed Application to:

Texas Association for School Nutrition
5910 Courtyard Drive # 230
Austin, Texas 78731
(512) 371-0087 / (800) 444-5189
Fax: (512) 371-0125

***Applications must be filled out completely and postmarked no later than**

February 15.

Any late or incomplete applications received will be returned to the applicant.



ESL Scholarship Application

\$200

Eligibility and Requirements: Those applying for the English as a second language scholarship must meet all of the following requirements.

- Must be an active TASN member
- Must show a strong desire to further his/her education and demonstrate financial need
- Must submit a **signed (your signature)** personal statement typed or written in black ink
- Must submit a **signed** letter of recommendation from your Supervisor or Director
- Cover sheet must accompany the application.

Personal Information

Name (First, Last) _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail Address _____

School District _____

How long have you been employed with the school district? _____

I certify that the information provided on this application is true and accurate to the best of my knowledge. Any faulty information will result in disqualification.

Signature of Applicant _____

Date: _____