



Texas Association for School Nutrition  
4130 Spicewood Springs Road # 201  
Austin, Texas 78759  
(512) 371-0087 / (800) 444-5189  
Fax: (512) 371-0125

## Managers/Directors Academy Scholarship Application

### Instructions:

1. Complete the application form
2. Type or print with black ink
3. On a separate sheet of paper submit a two or three paragraph **signed (your signature)** personal statement explaining why you want to attend the academy
4. Include a **signed** letter of recommendation from your immediate Supervisor or Director
5. Cover Sheet must accompany this application

**\*\* Only (1) Managers Academy and (1) Directors Academy will be awarded each year**

TASN Member # \_\_\_\_\_ Managers Academy

TASN Certification # \_\_\_\_\_ Directors Academy

### Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Employment Information:

Current Position: \_\_\_\_\_ School District Name: \_\_\_\_\_

Supervisor/ Director Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you have you been employed with the district? \_\_\_\_\_

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_