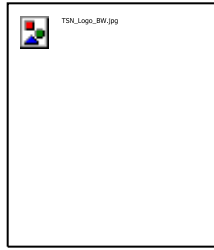


Applicants Name: \_\_\_\_\_

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.
- ✓

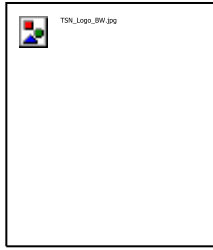
**Mail Completed Application to:**

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: \_\_\_\_\_