



# 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. 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**

- 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) Academic Prerequisites - 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

## **STEP 2 – Compile application materials**

### **1) Complete 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 (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.

### **6) Three Letters of Recommendation**

- 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 either the school you attended as a student or from the school where you have been 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 | ✓ Ability                            |
| ✓ Length of time applicant has been known    | ✓ Initiative                         |
| ✓ Personality                                | ✓ Leadership qualities               |
|  | ✓ Potential as a professional person |

### **7) Recent photograph**

## **Step 3 – Send the completed application**

- 1) Submission must be postmarked or received no later than May 1, 2018.** Only complete applications received by this date will be considered.

- 2) Send complete application to the following address.**

*Dr. Vivian Pilant Scholarship Program Committee  
School Nutrition Association of South Carolina  
Post Office Box 1795  
Columbia, SC 29202*

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## ADDITIONAL INFORMATION

Scholarships will be awarded after August 1, 2018 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: dgillie@ed.sc.gov



## DR. VIVIAN PILANT SCHOLARSHIP PROGRAM

### APPLICATION

**Directions:** Please read carefully before completing this application. **TYPE** or **PRINT** answers. Submit all requested information by **May 1, 2018**. Add extra pages if necessary.

#### APPLICANT INFORMATION

Scholarship Year: **August 2018 – July 2019**

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 year(s):  
 2013     2014     2015     2016     2017

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:**

High School	
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 plan 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.

<i>Signature of Member</i>	<i>Signature of Dependent</i>
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**INCOMPLETE APPLICATION PACKETS  
WILL NOT BE CONSIDERED FOR A SCHOLARSHIP AWARD.**

**Note:**

Scholarships will be awarded after August 1, 2018 and checks will be mailed to the address on this application, made payable to the parent or guardian.

# THREE LETTERS OF RECOMMENDATION

Please include this page with your application, indicating if the three letters are attached or being mailed separately. 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 – May 1, 2018.***

## 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: \_\_\_\_\_