

California School Nutrition Association Awards & Scholarships

EACH YEAR, AT THE ANNUAL STATE CONFERENCE, THE CALIFORNIA SCHOOL NUTRITION ASSOCIATION HONORS THOSE PEOPLE WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO OR HAD ACCOMPLISHMENTS IN OR FOR SCHOOL FOOD SERVICE. AWARDS INCLUDE THE PRESTIGIOUS MOSCONE COMMITMENT TO CHILD NUTRITION AWARD, THE INDUSTRY APPRECIATION AWARD, SEVERAL CSNA RECOGNITION AWARDS, HONORARY MERIT AWARDS, THE HEART OF THE PROGRAM AWARD, AND THE "LOUISE SUBLETTE" SINGLE UNIT AWARD OF GREATNESS, THE DIRECTOR/SUPERVISOR OF AWARD OF GREATNESS, THE WINNER OF WHICH IS SUBMITTED TO SNA FOR CONSIDERATION FOR THE REGIONAL AND NATIONAL LOUISE SUBLETTE AWARDS.

CSNA ALSO AWARDS THE JOSEPHINE P. MORRIS SCHOLARSHIP, NAMED AFTER JOSEPHINE P. MORRIS WHO GAVE SO MUCH OF HER TIME AND TALENT TO THE DEVELOPMENT AND ORGANIZATION OF THE CALIFORNIA SCHOOL NUTRITION ASSOCIATION.

THE FOLLOWING IS A DESCRIPTION OF EACH AWARD, WHO MAY SUBMIT AND WHO MAY BE CONSIDERED TO RECEIVE THEM. IF YOU WOULD LIKE TO SUBMIT A NAME FOR CONSIDERATION, CONTACT THE CSNA AWARDS AND SCHOLARSHIPS CHAIR LISTED IN THIS ISSUE OF POPPY SEEDS OR YOUR LOCAL CHAPTER PRESIDENT.

● Director of the Year Award

Who is Qualified:

A CERTIFIED OR CREDENTIALLED AND CURRENT SNA AND CSNA MEMBER AT THE DIRECTOR/SUPERVISOR LEVEL. MUST BE A CSNA AND SNA MEMBER OF AT LEAST FIVE YEARS HAVING SERVED IN AT LEAST ONE POSITION ON THE STATE OR NATIONAL COMMITTEE.

● MANAGER OF THE YEAR AWARD IN HONOR OF LOUISE SUBLETTE

WHO IS QUALIFIED:

A CERTIFIED MEMBER OF SNA AND CSNA WHO IS EMPLOYED IN A CHILD NUTRITION PROGRAM AS A FOOD SERVICE MANAGER, ASSISTANT MANAGER, OR A HEAD COOK UNDER FOOD SERVICE EMPLOYEE.

● EMPLOYEE OF THE YEAR AWARD

WHO IS QUALIFIED:

A certified SNA and CSNA member under the member type 'School Nutrition Employee' who is employed in a School Food Service or Child Nutrition Program

● RECOGNITION AWARD

WHO IS QUALIFIED:

ANY MEMBER OF THE CALIFORNIA SCHOOL NUTRITION ASSOCIATION WHO IS A SITE LEVEL EMPLOYEE OR MANAGER.

● SCHOLARSHIP FOR GRADUATING SENIOR

WHO IS QUALIFIED:

HIGH SCHOOL SENIOR GRADUATING IN 2016 ENROLLING IN A JUNIOR COLLEGE, COLLEGE OR UNIVERSITY FOR FALL 2016. MUST BE NOMINATED BY A CSNA MEMBER, WITH PREFERENCE GIVEN TO THE FAMILY MEMBER OR DEPENDENT OF A CSNA MEMBER.

● JOSEPHINE P. MORRIS SCHOLARSHIP

WHO IS QUALIFIED:

ONE FULL YEAR MEMBERSHIP IN CSNA PRIOR TO MAKING APPLICATION. DEFINED GOAL IN CHILD NUTRITION SERVICE AND DEFINITE PLANS FOR COLLEGE EDUCATION.

● THE AUDREY MELIKIAN SCHOLARSHIP

WHO IS QUALIFIED:

A CSNA MEMBER OF AT LEAST THREE YEARS WHO DEMONSTRATES A COMMITMENT AND DEDICATION TO CSNA, THE SCHOOL NUTRITION PROFESSION, AND OBTAINING FURTHER KNOWLEDGE AND EXPERIENCE.

ADDITIONAL SCHOLARSHIPS ARE AVAILABLE THROUGH SNA WEBSITE TO MEMBERS WHO HAVE BEEN AN SNA MEMBER FOR MORE THAN ONE YEAR. GO TO: [HTTPS://SCHOOLNUTRITION.ORG/EDUCATION/SCHOLARSHIPS/](https://schoolnutrition.org/education/scholarships/) FOR MORE INFORMATION.

Send Applications to:

CSNA AWARDS & SCHOLARSHIPS CHAIR
PO BOX 11376 ● BURBANK, CA 91510
(818) 842-3040 ● AWARDS@CALSNA.ORG

APPLICATION FOR DIRECTOR OF THE YEAR

DUE DATE: SEPTEMBER 15, 2015

THE DIRECTOR OF THE YEAR AWARD WILL BE PRESENTED AT THE CSNA ANNUAL CONFERENCE. A PLAQUE WILL BE PRESENTED TO THE RECIPIENT. THE AWARDEE'S IDEAS AND MATERIALS WILL BE SHARED THROUGH POPPY SEEDS.

WHO IS QUALIFIED: A CURRENT SNA AND CSNA MEMBER WHO IS A DIRECTOR/SUPERVISOR AS WELL AS A CURRENT SNA CERTIFICATE IN SCHOOL NUTRITION OR THE SNS CREDENTIAL. ADDITIONALLY, THEY MUST BE AN SNA MEMBER OF AT LEAST FIVE YEARS AND MUST HAVE SERVED IN AT LEAST ONE POSITION ON THE STATE OR NATIONAL EXECUTIVE BOARD OR AS A MEMBER ON A STATE OR NATIONAL COMMITTEE.

RESTRICTIONS: THE NOMINEE CANNOT BE A CURRENT STATE OR NATIONAL SNA PRESIDENT AND CANNOT BE A PREVIOUS NATIONAL WINNER OF THE DIRECTOR OF THE YEAR AWARD. IN ADDITION, SELF NOMINATIONS ARE NOT ACCEPTED.

PLEASE COMPLETE THIS FORM AND ATTACH REQUIRED DOCUMENTATION.

NAME OF NOMINEE: _____

SCHOOL DISTRICT: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK TELEPHONE: _____ EMAIL: _____

CSNA CHAPTER NAME & NUMBER: _____ # _____

***PLEASE CONFIRM THAT THIS INDIVIDUAL MEETES THE FOLLOWING REQUIREMENTS:**

- CURRENT CSNA AND SNA MEMBER
- CSNA AND SNA MEMBER FOR AT LEAST 5 YEARS (# OF YEARS: _____)
- SCHOOL FOOD SERVICE DIRECTOR FOR AT LEAST 5 YEARS (# OF YEARS: _____)
- STATE ASSOCIATION MEMBER FOR AT LEAST 5 YEARS (# OF YEARS: _____)
- Currently SNA Certified and/or Currently SNA Credentialed (SNS)

WHAT STATE OR NATIONAL LEADERSHIP POSITION(S) HAS THE NOMINEE HELD? (PLEASE LIST POSITIONS BELOW.)

*YOU MAY CONFIRM THE CURRENT MEMBERSHIP AND CERTIFICATION STATUS OF THE NOMINEE BY CONTACTING YOUR STATE SNA PRESIDENT OR THE SNA SERVICE CENTER AT (301) 686-3100 OR SERVICECENTER@SCHOOLNUTRITION.ORG.



Nominated By: _____

Name: _____

Phone Number: _____

Email Address: _____

How do you know the nominee? _____

Send Applications to: **CSNA AWARDS & SCHOLARSHIPS CHAIR**
PO BOX 11376 • BURBANK, CA 91510 • (818) 842-3040
• AWARDS@CALSNA.ORG

APPLICATION FOR DIRECTOR OF THE YEAR (CONTINUED)

THE NOMINEE WILL BE JUDGED ON FIVE CATEGORIES. PLEASE NOTE THE WEIGHTS OF EACH CATEGORY:

To eliminate bias, we would like to ensure that the nominee's identity remains anonymous to the judges. Please do not reference the nominee or the nominee's school district by name in your responses below.

SECTION 1: PROGRAM ENHANCEMENT (WORTH 30 POINTS)

PLEASE PROVIDE 3 SPECIFIC EXAMPLES DEMONSTRATING HOW THE NOMINEE HAS POSITIVELY IMPACTED THE FOODSERVICE PROGRAM DURING THEIR CAREER AS A SCHOOL NUTRITION DIRECTOR. PLEASE DO NOT REFERENCE THE NOMINEE BY NAME. ONLY REFER TO THE NOMINEE AS "THE NOMINEE" OR "HE/SHE". PLEASE INCLUDE SPECIFIC FACTS AND DETAILS ABOUT HOW THE DIRECTOR HAS IMPACTED AND MARKETED THE SCHOOL FOOD SERVICE PROGRAM, SUCH AS BY INCREASING PARTICIPATION, GETTING THE FINANCES IN ORDER, ETC.) UP TO 10 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE)

SECTION 2: STAFF DEVELOPMENT (WORTH 20 POINTS)

PLEASE PROVIDE 2 SPECIFIC EXAMPLES DEMONSTRATING HOW THE NOMINEE HAS PROVIDED TRAINING AND/OR MENTORING FOR THEIR STAFF DURING THEIR CAREER AS A SCHOOL NUTRITION DIRECTOR. PLEASE DO NOT REFERENCE THE NOMINEE BY NAME. ONLY REFER TO THE NOMINEE AS "THE NOMINEE" OR "HE/SHE". PLEASE INCLUDE THE TOPICS OF TRAININGS, WHEN AND HOW THE MENTORING DEVELOPED, APPROXIMATE DATE OF TRAINING, ESTIMATED NUMBER OF PARTICIPANTS, IF THE TRAINING IS ONGOING OR NEW, AND HOW THE TRAINING OR MENTORING HAS IMPACTED THE WORK OF THE STAFF/ THE SPECIFIC BENEFITS OF THE TRAININGS (SUCH AS STAFF RETENTION, STIPENDS FOR STAFF, IMPROVED WORK ENVIRONMENT, ETC.). UP TO 10 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE) UP TO 10 POINTS WILL BE AWARDED PER EXAMPLE.

SECTION 3: SCHOOL INVOLVEMENT (WORTH 15 POINTS)

PLEASE PROVIDE 3 SPECIFIC EXAMPLES DEMONSTRATING HOW THE NOMINEE HAS DEVELOPED RELATIONSHIPS WITH STUDENTS, FACULTY, THE SCHOOL BOARD, AND/OR THE SUPERINTENDENT TO PROMOTE SCHOOL FOODSERVICE PROGRAMS IN THEIR SCHOOLS. PLEASE DO NOT REFERENCE THE NOMINEE BY NAME. ONLY REFER TO THE NOMINEE AS "THE NOMINEE" OR "HE/SHE". PLEASE INCLUDE SPECIFIC DETAILS ABOUT EVENTS HELD, OUTREACH CONDUCTED, AND MATERIALS CREATED, INCLUDING DATES, TARGETED AUDIENCE AND IMPACT ON THE SCHOOL FOODSERVICE PROGRAMS AND SCHOOLS. UP TO 5 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE) .

SECTION 4: SNA INVOLVEMENT (WORTH 20 POINTS)

PLEASE PROVIDE 2 EXAMPLES EACH OF HOW THE NOMINEE HAS PERSONALLY BEEN INVOLVED WITH SNA AND HOW THE NOMINEE HAS PROMOTED INVOLVEMENT IN SNA TO THEIR EMPLOYEES DURING THEIR CAREER AS A SCHOOL NUTRITION DIRECTOR. PLEASE DO NOT REFERENCE THE NOMINEE BY NAME. ONLY REFER TO THE NOMINEE AS "THE NOMINEE" OR "HE/SHE". PLEASE INCLUDE SPECIFIC DETAILS, SUCH AS SPECIFIC OUTREACH CONDUCTED BY THE DIRECTOR TO EMPLOYEES ABOUT SNA MEMBERSHIP AND SPECIFIC SNA MEMBERSHIP PROMOTIONS. PLEASE INCLUDE DATES AND EXPLAIN THE IMPACT THE DIRECTOR HAS HAD ON SNA MEMBERSHIP WITHIN THEIR DISTRICT. UP TO 5 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

SECTION 5: COMMUNITY OUTREACH (WORTH 15 POINTS)

PLEASE PROVIDE 3 SPECIFIC EXAMPLES DEMONSTRATING HOW THE NOMINEE HAS PROMOTED SCHOOL FOODSERVICE PROGRAMS IN THEIR DISTRICT TO PARENTS, THE MEDIA, AND COMMUNITY ORGANIZATIONS DURING THEIR CAREER AS A SCHOOL NUTRITION DIRECTOR. PLEASE DO NOT REFERENCE THE NOMINEE BY NAME. ONLY REFER TO THE NOMINEE AS "THE NOMINEE" OR "HE/SHE". PLEASE INCLUDE SPECIFIC DETAILS ABOUT EVENTS HELD, OUTREACH CONDUCTED, AND MATERIALS CREATED, INCLUDING TOPICS, TARGETED AUDIENCE AND IMPACT ON YOUR SCHOOL NUTRITION PROGRAM AND SCHOOL. UP TO 5 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

PLEASE REMEMBER TO TYPE YOUR NOMINATION AND BE SURE TO LIMIT YOUR RESPONSES TO NOT EXCEED THE WORD COUNT MAXIMUMS LISTED. PLEASE DOUBLE CHECK THAT THE NOMINEE IS A CURRENT CSNA AND SNA MEMBER WHO IS CURRENTLY SNA-CERTIFIED OR SNA-CREDENTIALLED (SNS) AND HAS BEEN A SCHOOL FOODSERVICE DIRECTOR AND SNA/STATE ASSOCIATION MEMBER FOR AT LEAST FIVE YEARS. NOT FOLLOWING THESE RULES WILL RESULT IN A DISQUALIFIED NOMINATION.

Send Applications to: **CSNA AWARDS & SCHOLARSHIPS CHAIR**
PO Box 11376 ● Burbank, CA 91510 ● (818) 842-3040
● AWARDS@CALSNA.ORG

APPLICATION FOR MANAGER OF THE YEAR AWARD, IN HONOR OF LOUISE SUBLETTE

DUE DATE: SEPTEMBER 15, 2015

THE MANAGER OF THE YEAR AWARD IN HONOR OF LOUISE SUBLETTE AWARD WILL BE PRESENTED AT THE CSNA ANNUAL CONFERENCE. A PLAQUE WILL BE PRESENTED TO THE RECIPIENT. THE AWARD-EE'S IDEAS AND MATERIALS WILL BE SHARED THROUGH POPPY SEEDS.

WHO IS QUALIFIED: ACTIVE SNA CERTIFIED MEMBERS OF CSNA AND SNA WHO ARE EMPLOYED IN A CHILD NUTRITION PROGRAM AS A FOOD SERVICE MANAGER, ASSISTANT MANAGER, OR A HEAD COOK UNDER FOOD SERVICE EMPLOYEE.

RESTRICTIONS: THE NOMINEE CANNOT BE EMPLOYED AS A SUPERVISOR ON A SYSTEM-WIDE BASIS, BE A CURRENT STATE OR NATIONAL SNA PRESIDENT, BE A PREVIOUS NATIONAL WINNER OF THE MANAGER OF THE YEAR AWARD, OR A PREVIOUS NATIONAL WINNER OF THE LOUISE SUBLETTE AWARD OF EXCELLENCE IN SCHOOL NUTRITION. IN ADDITION, SELF NOMINATIONS ARE NOT ACCEPTED.

PLEASE COMPLETE THIS FORM AND ATTACH REQUIRED DOCUMENTATION.

NAME OF NOMINEE: _____ POSITION TITLE: _____
SCHOOL: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SCHOOL TELEPHONE: _____ EMAIL: _____
SCHOOL DISTRICT: _____ IMMEDIATE SUPERVISOR: _____
DISTRICT FS DIRECTOR: _____ DISTRICT PHONE NUMBER: _____
CSNA CHAPTER NAME & NUMBER: _____ # _____

***PLEASE CONFIRM THAT THIS INDIVIDUAL MEETES THE FOLLOWING REQUIREMENTS:**

- CURRENT CSNA AND SNA MEMBER
- SNA CERTIFIED
- CURRENTLY EMPLOYED IN A SCHOOL FOODSERVICE OR CHILDCARE NUTRITION PROGRAM

*YOU MAY CONFIRM THE CURRENT MEMBERSHIP AND CERTIFICATION STATUS OF THE NOMINEE BY CONTACTING YOUR STATE SNA PRESIDENT OR THE SNA SERVICE CENTER AT (301) 686-3100 OR SERVICECENTER@SCHOOLNUTRITION.ORG.



NOMINATED BY: _____
NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THE NOMINEE? _____

Send Applications to:

CSNA AWARDS & SCHOLARSHIPS CHAIR
PO Box 11376 • BURBANK, CA 91510
(818) 842-3040 • AWARDS@CALSNA.ORG

APPLICATION FOR MANAGER OF THE YEAR AWARD, IN HONOR OF LOUISE SUBLETTE (CONTINUED)

THE NOMINEE WILL BE JUDGED ON FOUR CATEGORIES. PLEASE NOTE THE WEIGHTS OF EACH CATEGORY:

TO ELIMINATE BIAS, WE WOULD LIKE TO ENSURE THAT THE NOMINEE'S IDENTITY REMAINS ANONYMOUS TO THE JUDGES. PLEASE DO NOT REFERENCE THE NOMINEE OR THE NOMINEE'S SCHOOL DISTRICT BY NAME IN YOUR RESPONSES BELOW.

SECTION 1: CAFETERIA ENVIRONMENT (WORTH 30 POINTS)

PLEASE PROVIDE 3 SPECIFIC EXAMPLES OF HOW THE NOMINEE HAS PROVIDED QUALITY CUSTOMER SERVICE TO STUDENTS, SCHOOL STAFF, AND/OR KITCHEN STAFF DURING THEIR CAREER AS A SCHOOL NUTRITION MANAGER TO CREATE A POSITIVE CAFETERIA ENVIRONMENT FOR ALL. UP TO 10 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

SECTION 2: MANAGEMENT AND STAFF DEVELOPMENT (WORTH 30 POINTS)

PLEASE PROVIDE 3 SPECIFIC EXAMPLES DEMONSTRATING HOW THE NOMINEE HAS PROVIDED LEADERSHIP, TRAINING, AND/OR MENTORING FOR THEIR STAFF DURING THEIR CAREER AS A SCHOOL NUTRITION MANAGER. PLEASE INCLUDE THE TOPICS OF TRAININGS, WHEN AND HOW THE MENTORING DEVELOPED, APPROXIMATE DATE OF TRAINING, ESTIMATED NUMBER OF PARTICIPANTS, IF THE TRAINING IS ONGOING OR NEW, AND HOW THE TRAINING OR MENTORING HAS IMPACTED THE WORK OF THE STAFF/ THE SPECIFIC BENEFITS OF THE TRAININGS (SUCH AS STAFF RETENTION, STIPENDS FOR STAFF, IMPROVED WORK ENVIRONMENT, ETC.). UP TO 10 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

SECTION 3: SNA INVOLVEMENT (WORTH 20 POINTS)

PLEASE PROVIDE 2 EXAMPLES EACH OF HOW THE NOMINEE HAS PERSONALLY BEEN INVOLVED WITH SNA AND HOW THE NOMINEE HAS PROMOTED INVOLVEMENT IN SNA TO THEIR EMPLOYEES DURING THEIR CAREER AS A SCHOOL NUTRITION MANAGER. PLEASE INCLUDE SPECIFIC DETAILS, SUCH AS SPECIFIC OUTREACH CONDUCTED BY THE MANAGER TO EMPLOYEES ABOUT SNA MEMBERSHIP AND SPECIFIC SNA MEMBERSHIP PROMOTIONS. PLEASE INCLUDE DATES AND EXPLAIN THE IMPACT THE MANAGER HAS HAD ON SNA MEMBERSHIP WITHIN THEIR DISTRICT. UP TO 5 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

SECTION 4: SCHOOL AND COMMUNITY OUTREACH (WORTH 20 POINTS)

PLEASE PROVIDE 2 SPECIFIC EXAMPLES EACH DEMONSTRATING HOW THE NOMINEE HAS PROMOTED THEIR SCHOOL'S FOODSERVICE PROGRAM TO THEIR SCHOOL (SUCH AS STUDENTS, TEACHERS, AND ADMINISTRATORS) AND TO THE COMMUNITY (SUCH AS PARENTS, THE MEDIA, AND COMMUNITY ORGANIZATIONS) DURING THEIR CAREER AS A SCHOOL NUTRITION MANAGER. PLEASE INCLUDE SPECIFIC DETAILS ABOUT EVENTS HELD, OUTREACH CONDUCTED, AND MATERIALS CREATED, INCLUDING TOPICS, TARGETED AUDIENCE AND IMPACT ON YOUR SCHOOL NUTRITION PROGRAM AND SCHOOL. UP TO 5 POINTS WILL BE AWARDED PER EXAMPLE. (WORD COUNT MAX: 100 WORDS PER EXAMPLE).

PLEASE REMEMBER TO TYPE YOUR NOMINATION AND BE SURE TO LIMIT YOUR RESPONSES TO NOT EXCEED THE WORD COUNT MAXIMUMS LISTED. PLEASE DOUBLE CHECK THAT THE NOMINEE IS A CURRENT CSNA AND SNA MEMBER WHO IS CURRENTLY SNA-CERTIFIED. NOT FOLLOWING THESE RULES WILL RESULT IN A DISQUALIFIED NOMINATION.

Send Applications to:

CSNA AWARDS & SCHOLARSHIPS CHAIR
PO Box 11376 • BURBANK, CA 91510
(818) 842-3040 • AWARDS@CALSNA.ORG

APPLICATION FOR EMPLOYEE OF THE YEAR AWARD

DUE DATE: SEPTEMBER 15, 2015

THE EMPLOYEE OF THE YEAR AWARD WILL BE PRESENTED AT THE CSNA ANNUAL CONFERENCE. A PLAQUE WILL BE PRESENTED TO THE RECIPIENT. THE AWARDEE'S IDEAS AND MATERIALS WILL BE SHARED THROUGH POPPY SEEDS.

WHO IS QUALIFIED: AN SNA CERTIFIED MEMBER AND A CURRENT CSNA MEMBER UNDER THE MEMBER TYPE 'SCHOOL NUTRITION EMPLOYEE' WHO IS EMPLOYED IN A SCHOOL FOODSERVICE OR CHILDCARE NUTRITION PROGRAM.

***PLEASE CONFIRM THAT THIS INDIVIDUAL MEETES THE FOLLOWING REQUIREMENTS:**

- CURRENT CSNA AND SNA MEMBER
- SNA CERTIFIED
- CURRENTLY EMPLOYED IN A SCHOOL FOODSERVICE OR CHILDCARE NUTRITION PROGRAM

*YOU MAY CONFIRM THE CURRENT MEMBERSHIP AND CERTIFICATION STATUS OF THE NOMINEE BY CONTACTING YOUR STATE SNA PRESIDENT OR THE SNA SERVICE CENTER AT (301) 686-3100 OR SERVICECENTER@SCHOOLNUTRITION.ORG.

PLEASE COMPLETE THIS FORM AND ATTACH REQUIRED DOCUMENTATION.

NAME OF NOMINEE: _____ POSITION TITLE: _____

SCHOOL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SCHOOL TELEPHONE: _____ EMAIL: _____

SCHOOL DISTRICT: _____ IMMEDIATE SUPERVISOR: _____

DISTRICT FS DIRECTOR: _____ DISTRICT PHONE NUMBER: _____

CSNA CHAPTER NAME & NUMBER: _____ # _____



NOMINATED BY: _____

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOW DO YOU KNOW THE NOMINEE? _____

Send Applications to:

CSNA AWARDS & SCHOLARSHIPS CHAIR
PO Box 11376 • BURBANK, CA 91510
(818) 842-3040 • AWARDS@CALSNA.ORG

APPLICATION FOR EMPLOYEE OF THE YEAR AWARD (CONTINUED)

THE NOMINEE WILL BE JUDGED ON FOUR CATEGORIES. PLEASE NOTE THE WEIGHTS OF EACH CATEGORY:

To eliminate bias, we would like to ensure that the nominee's identity remains anonymous to the judges. Please do not reference the nominee or the nominee's school district by name in your responses below.

Section 1: Nominee's Customer Service Skills (30 points)

Please provide 3 specific examples of how the nominee has provided quality customer service to peers, students, school staff and/or the community during the nominee's school nutrition career. Up to 10 points will be awarded per example. **(WORD COUNT MAX: 100 words per example).**

Section 2: Nominee's Creativity (20 points)

Please provide 3 specific examples of the nominee demonstrating creative food presentation, creative promotion and marketing of the program, and/or creative problem-solving during the nominee's school nutrition career. Up to 10 points will be awarded per example. **(WORD COUNT MAX: 100 words per example).**

Section 3: Nominee's Commitment to Professional Development (20 points)

Please provide 3 specific examples demonstrating how the nominee has continued their professional growth and development during the nominee's school nutrition career. Please include details about SNA chapter meetings, trainings, and state and national conferences attended and how they have impacted the employee's work and profession. **(WORD COUNT MAX: 100 words per example).**

Section 4: Nominee's Dedication to the School Nutrition Profession (30 points)

Please provide 3 specific examples demonstrating how the nominee has gone above and beyond to support the food service program during the nominee's school nutrition career. Up to 10 points will be awarded per example. **(WORD COUNT MAX: 100 words per example).**

PLEASE REMEMBER TO TYPE YOUR NOMINATION AND BE SURE TO LIMIT YOUR RESPONSES TO NOT EXCEED THE WORD COUNT MAXIMUMS LISTED. PLEASE DOUBLE CHECK THAT THE NOMINEE IS A CURRENT CSNA AND SNA MEMBER WHO IS CURRENTLY SNA-CERTIFIED. NOT FOLLOWING THESE RULES WILL RESULT IN A DISQUALIFIED NOMINATION.

Send Applications to:

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PO BOX 11376 ● BURBANK, CA 91510
(818) 842-3040 ● AWARDS@CALSNA.ORG

CSNA AWARDS APPLICATION APPLICATION FOR A RECOGNITION AWARD

DUE DATE: SEPTEMBER 15, 2015

WHO MAY APPLY: ANY MEMBER OF THE CALIFORNIA SCHOOL NUTRITION ASSOCIATION WHO IS A SITE LEVEL EMPLOYEE OR MANAGER.

FORM OF AWARD: A PLAQUE IS PRESENTED AT THE CSNA ANNUAL CONFERENCE.

WHAT TO SUBMIT: COMPLETED APPLICATION. LETTER OF RECOMMENDATION FROM DIRECTOR OF FOOD SERVICE, PRINCIPAL, SUPERINTENDENT OR PRESIDENT OF THE LOCAL CHAPTER. IN ADDITION, POSTERS, NEWSPAPER CLIPPINGS, PICTURES AND OTHER DOCUMENTATION RELEVANT TO THE PROJECT OF THE CANDIDATE. MATERIALS ARE BEST PRESENTED IN A NOTEBOOK.

DEADLINE: SEPTEMBER 15, TO THE CSNA AWARDS AND SCHOLARSHIP COMMITTEE CHAIR.

AWARDS ARE MADE IN THE FOLLOWING AREAS. PLACE (X) BEFORE NAME OF AWARD FOR WHICH APPLICATION IS MADE:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> NUTRITION | <input type="checkbox"/> LEGISLATION | <input type="checkbox"/> PROFESSIONAL GROWTH |
| <input type="checkbox"/> PUBLIC INFORMATION | <input type="checkbox"/> CREATIVITY | <input type="checkbox"/> COMMUNICATIONS |

APPLICANT	RECOMMENDED BY	PLACE AN (X) BEFORE EACH ATTACHMENT
_____ NAME _____	_____	() DETAILED DESCRIPTION OF ACTIVITY OR PROJECT SHOWING BENEFICIAL RESULTS
_____ POSITION _____	_____	() LETTER(S) OF RECOMMENDATION
_____ ADDRESS _____	_____	() COPY(IES) OF CANDIDATE'S PUBLISHED ARTICLE(S)
_____	_____	() PERTINENT NEWSPAPER CLIPPINGS SHOWING NAME OF NEWSPAPER AND DATE PUBLISHED
_____ PHONE _____	_____	() POSTERS USED PROJECT
_____ SCHOOL _____	_____	() PHOTOGRAPHS OF PROJECT
_____ SCHOOL NAME _____	_____	() OTHER: DESCRIBE _____

BRIEFLY DESCRIBE ACCOMPLISHMENT FOR WHICH AWARD IS REQUESTED
AND GIVE REASON WHY ACTIVITY DESERVES SPECIAL RECOGNITION:
USE ADDITIONAL PAGES AS NECESSARY.

Send Applications to:

**CSNA AWARDS & SCHOLARSHIPS CHAIR
PO Box 11376 • BURBANK, CA 91510
(818) 842-3040 • AWARDS@CALNSA.ORG**



APPLICATION FOR SCHOLARSHIP FOR GRADUATING SENIOR

DUE DATE: SEPTEMBER 15, 2015

QUALIFICATIONS: HIGH SCHOOL SENIOR GRADUATING IN 2016 ENROLLING IN A JUNIOR COLLEGE, COLLEGE OR UNIVERSITY FOR FALL 2016.
MUST BE NOMINATED BY A CSNA MEMBER, WITH PREFERENCE GIVEN TO THE FAMILY MEMBER OR DEPENDENT OF A CSNA MEMBER.

APPLICATION IS FOR UNDERGRADUATE COURSEWORK - JUNE 1, 2015 THROUGH MAY 31, 2016

PLEASE COMPLETE THIS FORM AND ATTACH REQUIRED DOCUMENTATION.

APPLICANT NAME: _____ POSITION TITLE: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ Email: _____

SCHOOL DISTRICT: _____

High School(s) Attended : _____

INCLUSIVE ATTENDANCE DATES	SCHOOL NAME	SCHOOL ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACHMENTS REQUIRED:

1. RECENT PHOTOGRAPH
2. OFFICIAL TRANSCRIPT FROM HIGH SCHOOL
3. PLANS FOR COURSE STUDY
4. PERSONAL LETTER INDICATING PLANS FOR FUTURE EMPLOYMENT IN FOOD SERVICE AND PLANNED FUTURE CONTRIBUTION TO CHILD NUTRITION PROGRAMS AS A RESULT OF FURTHER EDUCATION.
5. REFERENCE LETTER FROM: NAME: _____ TITLE: _____

ADDRESS: _____

TEACHER: _____

CSNA MEMBER: _____

OTHER: _____

REFERENCE SHALL INCLUDE STATEMENT REGARDING APPLICANT'S DEMONSTRATION OF INITIATIVE, PERSEVERANCE, AND A CREATIVE ABILITY; ABILITY TO ORGANIZE WORK; REACTION TO CONSTRUCTIVE CRITICISM; WILLINGNESS TO EVALUATE AND ACCEPT NEW IDEAS; COOPERATIVE ATTITUDE IN WORKING WITH CO-WORKERS, SCHOOL STAFF AND COMMUNITY; INTEREST IN ASSISTING WITH NUTRITION EDUCATION IN THE DINING ROOM, CLASSROOM, WRITING, POSTERS AND PARENT GROUPS; DEMONSTRATION BY LEADERSHIP ABILITY, ETC.

SCHOLARSHIP GRANTS CONSIST OF \$500 AS SHOWN BY PRESENTATION OF OFFICIAL COLLEGE TRANSCRIPTS.

SEND APPLICATION & SUPPORTING DOCUMENTATION TO AWARDS AND SCHOLARSHIP COMMITTEE CHAIR BY SEPTEMBER 15, 2015. *This form may be duplicated.*

Send Applications to: CSNA AWARDS & SCHOLARSHIPS CHAIR
PO BOX 11376 ● BURBANK, CA 91510 ● (818) 842-3040

APPLICATION FOR JOSEPHINE P. MORRIS SCHOLARSHIP

DUE DATE: SEPTEMBER 15, 2015

QUALIFICATIONS: ONE FULL YEAR MEMBERSHIP IN CSNA PRIOR TO MAKING APPLICATION.
DEFINED GOAL IN CHILD NUTRITION SERVICE AND DEFINITE PLANS FOR COLLEGE EDUCATION.

APPLICATION IS FOR: _____ UNDERGRADUATE COURSE _____ GRADUATE - JUNE 1, 2016 THROUGH MAY 31, 2018

PLEASE COMPLETE THIS FORM AND ATTACH REQUIRED DOCUMENTATION.

APPLICANT NAME: _____ POSITION TITLE _____

APPLICANT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

SCHOOL DISTRICT _____

EDUCATION _____

INCLUSIVE ATTENDANCE DATES	NAME OF EARNED CERTIFICATE OF DEGREE	SCHOOL NAME	SCHOOL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACHMENTS REQUIRED:

1. RECENT PHOTOGRAPH
2. OFFICIAL TRANSCRIPT FROM HIGH SCHOOL AND/OR COLLEGE RECORD TO DATE
3. PLANS FOR COURSE STUDY
4. PERSONAL LETTER INDICATING PLANS FOR FUTURE EMPLOYMENT IN FOOD SERVICE AND PLANNED FUTURE CONTRIBUTION TO CHILD NUTRITION PROGRAMS AS A RESULT OF FURTHER EDUCATION.

5. REFERENCE LETTER FROM: NAME _____ TITLE _____

ADDRESS _____

IMMEDIATE SUPERVISOR: _____

PRINCIPAL OR SUP.: _____

CSNA OFFICER: _____

OTHER: _____

REFERENCE SHALL INCLUDE STATEMENT REGARDING APPLICANT'S DEMONSTRATION OF INITIATIVE, PERSEVERANCE, AND A CREATIVE ABILITY; ABILITY TO ORGANIZE WORK; REACTION TO CONSTRUCTIVE CRITICISM; WILLINGNESS TO EVALUATE AND ACCEPT NEW IDEAS; COOPERATIVE ATTITUDE IN WORKING WITH CO-WORKERS, SCHOOL STAFF AND COMMUNITY; INTEREST IN ASSISTING WITH NUTRITION EDUCATION IN THE DINING ROOM, CLASSROOM, WRITING, POSTERS AND PARENT GROUPS; DEMONSTRATION BY LEADERSHIP ABILITY, ETC.

SCHOLARSHIP GRANTS CONSIST OF A DESIGNATED DOLLAR AMOUNT PAID PER QUARTER OR SEMESTER UNIT CREDIT EARNED IN LOWER AND UPPER DIVISIONS INCLUDING GRADUATE UNIT CREDITS AS SHOWN BY PRESENTATION OF OFFICIAL COLLEGE TRANSCRIPTS. THE MAXIMUM DOLLAR AMOUNT OF GRANT IS IN ACCORDANCE WITH THE STANDING RULES OF CSNA. SEND APPLICATION & SUPPORTING DOCUMENTATION TO AWARDS AND SCHOLARSHIP COMMITTEE CHAIR BY SEPTEMBER 15. **THIS FORM MAY BE DUPLICATED.**

Send Applications to: **CSNA AWARDS & SCHOLARSHIPS CHAIR**

PO BOX 11376 • BURBANK, CA 91510 • (818) 842-3040 • AWARDS@CALNSA.ORG

APPLICATION FOR THE AUDREY MELIKIAN SCHOLARSHIP



DUE DATE: SEPTEMBER 15, 2015

The AUDREY MELIKIAN SCHOLARSHIP: Two \$250 SCHOLARSHIPS WILL BE AWARDED TO HONOR THE LEGACY OF AUDREY MELIKIAN, A BEAUTIFUL LADY WHO LOVED CSNA AND OFTEN ASSISTED HER SON JIM MELIKIAN, AKA "THE POPCORN MAN", WITH HIS BOOTH AT CSNA CONFERENCES. THIS SCHOLARSHIP HAS BEEN ESTABLISHED BY THE MELIKIAN FAMILY FOR THE PURPOSE OF SUPPORTING THE PROFESSIONAL DEVELOPMENT OF CSNA MEMBERS TAKING COLLEGE-LEVEL CLASSES.

QUALIFICATIONS:

- THREE (3) FULL YEAR'S MEMBERSHIP IN CSNA PRIOR TO MAKING APPLICATION
- DEMONSTRATES COMMITMENT AND DEDICATION TO THE GOALS OF CSNA
- SHOWS EVIDENCE OF COMMITMENT TO CONTINUING EMPLOYMENT IN SCHOOL NUTRITION PROGRAMS
- DISPLAYS A PERSONAL COMMITMENT TO OBTAINING FURTHER KNOWLEDGE AND EXPERIENCE FOR THE PURPOSE OF OBTAINING EXCELLENCE IN SERVING CHILDREN THROUGH CALIFORNIA'S SCHOOL NUTRITION PROGRAMS

APPLICATION IS FOR: ___ UNDERGRADUATE COURSE OR ___ GRADUATE COURSE AT A COLLEGE OR UNIVERSITY, COMMUNITY COLLEGE OR JUNIOR COLLEGE JUNE 1, 2016 THROUGH MAY 31, 2017

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
TELEPHONE:(____) _____ POSITION TITLE: _____
SCHOOL DISTRICT: _____
CSNA CHAPTER NAME: _____ CHAPTER NUMBER: _____ DATE JOINED CSNA _____
EDUCATION: _____
SCHOOL NAME AND ADDRESS: _____
ATTENDANCE DATES: _____
CERTIFICATION OR DEGREE EARNED: _____

ATTACHMENTS REQUIRED:

1. NARRATIVE WRITTEN BY APPLICANT (500 WORDS OR LESS) DESCRIBING WORK HISTORY, CAREER GOALS, CSNA INVOLVEMENT, PLANS FOR USE OF SCHOLARSHIP MONEY AND HOW THIS SCHOLARSHIP WOULD HELP THE APPLICANT BETTER SERVE CALIFORNIA'S CHILDREN.

2. TWO OR MORE LETTERS OF RECOMMENDATION FROM APPLICANT'S IMMEDIATE SUPERVISOR, DIRECTOR, SUPERINTENDENT AND/OR CHAPTER PRESIDENT ATTESTING TO APPLICANT'S INTEGRITY, DETERMINATION, AND PERSISTENCE IN PURSUING GOALS.

A SCHOLARSHIP GRANT OF \$250 WILL BE AWARDED TO TWO CSNA MEMBERS FROM THE AUDREY MELIKIAN SCHOLARSHIP FUND AT THE 2015 CSNA CONFERENCE.

Send Applications to:

CSNA AWARDS & SCHOLARSHIPS CHAIR
PO BOX 11376 ● BURBANK, CA 91510
(818) 842-3040 ● AWARDS@CALSNA.ORG