

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. Award amounts are based on completeness of scholarship application and may vary. Applications must be completed on a yearly basis.

INSTRUCTIONS FOR APPLYING

<u>STEP 1</u> – 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** is currently employed in school food service.
 - b. *Dependent Scholarship*: SNA Member has **five consecutive years** of membership **and** is currently employed in school food service.

2) <u>Academic Prerequisites</u> - 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 your interest in improving your 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.

<u>STEP 2</u> – Compile application packet materials (ALL of these items make the complete packet.)

1) Complete the 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 (new one to be submitted each year) (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 (if this is your first time applying for this scholarship)

6) Three Letters of Recommendation (new ones to be submitted each year)

- 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 a fellow faculty member where you are 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 the applicant has been known.
- ✓ Length of time the applicant has been known.
- ✓ Personality
- ✓ Ability
- ✓ Initiative
- ✓ Leadership qualities
- ✓ Potential as a professional person
- ✓ Leadership qualities
- ✓ Potential as a professional person
- **7) Recent photograph** all applicants (*please lightly print the applicant's name on the back of the photo*), to be used for the conference book and on the SNA of SC website.

<u>STEP 3</u> – Send the completed application packet (all items (1-7) indicated above)

 Submissions must be postmarked or received no later than May 31, 2025. Only completed applications received by this date will be considered. Incomplete applications will not be reviewed for a scholarship. Submitting old documents will result in loss of points which decreases the amount of the scholarship award.

2) Send the complete application packet to the following address.

Dr. Vivian Pilant Scholarship Program Committee School Nutrition Association of South Carolina Post Office Box 3608 Leesville, SC 29070-1608

ADDITIONAL INFORMATION

Scholarships will be awarded after August 1, 2025, 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 3608 Leesville, SC 29070-1608 Telephone: (803) 767-7351 Email: snasctb@gmail.com

DR. VIVIAN PILANT SCHOLARSHIP PROGRAM

APPLICATION

Directions: Please read carefully before completing this application. **TYPE** or **PRINT** answers. Submit all requested information by **May 31, 2025**. Add extra pages if necessary.

APPLICANT INFORMATION

		5	Scholarship Year:	August 2025 – July 2026
Member's Name:				
If applying for Dependent Schola	rship, 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: Number of Consecutive Years o	f Momborshin:		_ (Documentation must b	be sent with the application.)
			ber Award/Grant	Dependent Scholarship
PERSONAL DATA OF PERSON	•			
PERSONAL DATA OF PERSON	APPLTING FOR SCHO	LAKON	ΠP	
Have you previously received this	scholarship?	□ No	If yes, indicate for \Box 2020 \Box 2021 \Box	which year(s): ∃ 2022 □ 2023 □ 2024
Have you received a high school o	diploma or GED? 🛛 Y	es	□ No	
EDUCATION OF PERSON APPL		HIP: Lis		
Name	City/State		Years Attended	Degree/Diploma

Major Area(s) of Study:

Undergraduate	
Graduate	

Are you currently working on a degree?
Yes No If yes, what degree?

PLANNED PROGRAM OF CLASSES:

Name and address of the school you	School:		
are presently attending or you have been accepted to attend:	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.

Signature of SNA/SNA of SC Member	Signature of Dependent

INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED FOR A SCHOLARSHIP AWARD.

Submission of old documents will decrease the amount of the scholarship award.

Note:

Scholarships will be awarded after August 1, 2025, 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.

Three Letters of Recommendation

Please include this page with your application, indicating if the three letters are attached or being mailed separately. New letters of recommendation need to be submitted when re-applying for a scholarship each year. Also, enter the person's name providing the letter. If your letters will be submitted by the person writing them, <i>please be sure you have informed them of the deadline</i> – <i>May 31, 2025</i> .						
Α.	Personal Reference					
	□ Attached □ Being mailed sep	parately				
	Name:					
В.	Supervisor, Director, or Employer (or teacher, if dependent is not employed)					
	□ Attached □ Being mailed sep	parately				
	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 sep	parately				
	Name:					
	nake sure the following items are in ailing (see page 2 of the instructions	· · · · · ·				
Сс	mplete application form.					
Ve	rification of member's required years of employment/membership in SNA/SNA of SC					
	ersonal letter (updated if re-applying) (100-300 words) <i>Please make sure your name is on the cument.</i>					
Cı	urrent Transcript showing Proof of Academic Performance					
Сс	opy of Official Acceptance Letter <i>(if this is your first time applying for this scholarship)</i>					
	 Personal Reference Attached Being mailed separately Supervisor, Director, or Employer (or teacher, if dependent is not employed) Attached Being mailed separately 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 					
	cent Photograph – a current headshot is p htly on the back.	referred with the applicant's name printed				