

Scholarship Application

Please fill out both sides completely, sign and mail to ACFSA Headquarters, 210 N. Glenoaks Blvd. Ste C, Burbank, CA 91502 (818) 843-6608 Fax: (818) 843-7423

The envelope must be postmarked on or before March 1, 2013.

Check one only:

- Continuing Education Scholarship (Member at least one year at time of application)
 New member scholarship (Member less that one year)

To apply for the new member scholarship, please fill out this page only. One scholarship awarded by lottery drawing each year.

Application for Region _____ Scholarship

APPLICANT

Name _____

Title _____

Home Address _____

City/State/Zip _____

Home Phone Number _____

Social Security Number _____

EMPLOYMENT

Current Position / Since _____

Facility _____

Address _____

City/State/Zip _____

Work Phone Number _____

Facility Head _____

Title _____

Immediate Supervisor _____

Title _____

ELIGIBILITY

Are you currently employed full-time in correctional foodservice? Yes No

INTENT OF FUNDING (COMPLETE ONE SECTION ONLY)

Location/Dates of ACFSA conference for which this funding will be used _____

ACFSA-Sponsored Educational Program - specify program & intended date of completion _____

Are you a current member in good standing of ACFSA? Yes No

In good standing for the past full year? Yes No

PROFESSIONAL PARTICIPATION

How many years have you affiliated with Correctional Food Service? _____

How many years have you been a member of ACFSA? _____

How many International ACFSA Conferences have you attended? _____

Have you served as an ACFSA officer? International (previously), Chapter/State Representative (previously/currently) Yes No

Position _____

Date of Service _____

Have you served as Conference Chair/Co-Chair/Member (International, Regional, Chapter)? Yes No

Location _____

Date of Service _____

Have you served as Committee Chair/Member (other than Conference) International, Chapter? Yes No

Specify Committee _____

Position _____

Date of Service _____

Have you ever had an article printed in INSIDER Magazine or other industry publication?

Publication: _____ Date of Article: _____

Have you given presentations at foodservice or correctional conferences? Yes No

Specify topic, association & dates _____

Are you currently certified in any of the following areas? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> ACFSA Certified Correctional Foodservice Professional | <input type="checkbox"/> Dietary Manager's Association Certificate or License |
| <input type="checkbox"/> ACFSA Certified Correctional Food Systems Manager | <input type="checkbox"/> Certified Chef |
| <input type="checkbox"/> ADA Registered Dietitian | <input type="checkbox"/> Other Certification - Specify _____ |

What level of decision making do you have for the following?

Food (check one only) Equipment (check one only)

- | | |
|--|--|
| <input type="checkbox"/> Final Decision | <input type="checkbox"/> Final Decision |
| <input type="checkbox"/> Strong Influence | <input type="checkbox"/> Strong Influence |
| <input type="checkbox"/> Limited Influence | <input type="checkbox"/> Limited Influence |

I hereby warrant the accuracy of the above information and authorize the investigation of the accuracy of facts herein noted. All regulation/guidelines of the ACFSA Scholarship Program are applicable.

Applicant Signature _____

Date _____

Recommendation of Supervisor/Agency Head _____

Date _____

NOTE: The signature of the supervisor will be considered both authorization to accept the scholarship, if applicant is selected; as well as recommendation for this applicant.

Electronic signatures ARE acceptable.

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or email to jonnichols@ACFSA.org**

The envelope must be postmarked or electronically time stamped on or before March 1, 2013.