



# The Association of Correctional Food Service Affiliates

## 2015 SCHOLARSHIP APPLICATION

PLEASE FILL OUT BOTH SIDES COMPLETELY, SIGN AND MAIL TO ACFSA HEADQUARTERS,  
PO BOX 10065, BURBANK, CA 91510 (818) 843-6608 FAX: (818) 843-7423

MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY TIME-STAMPED ON OR BEFORE MARCH 1, 2015.  
YOU MAY SUBMIT THIS FORM ON-LINE AT [WWW.ACFSA.ORG](http://WWW.ACFSA.ORG)

Please Check  Continuing Education Scholarship (Member at least one year at time of application)  
only one box  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

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

### EMPLOYMENT

Current Position \_\_\_\_\_ Since \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Facility Head \_\_\_\_\_ Title \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

ELIGIBILITY - Currently employed full-time in Food Service?  YES  NO

INFORMATION ON REVERSE SIDE MUST BE COMPLETED - EXCEPT NEW-MEMBER APPLICATIONS

Currently a Member of ACFSA in good standing?  YES  NO In good standing for the past full year?  YES  NO

**PROFESSIONAL PARTICIPATION**

How many years have you been 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? Chapter/State Representative (previously/currently) in the past 5 years?

YES  NO Position(s) \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Have you served as Conference Chair/Co-Chair/Member (International, Regional, Chapter) in the past 5 years?

YES  NO Location(s) \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Have you served as Committee Chair/Member (Other than Conference) Chapter or International?

YES  NO Specify Committee(s) \_\_\_\_\_

Position(s) \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Have you had an article published in INSIDER Magazine or any other Industry publication in the past 5 years?

YES  NO Publication \_\_\_\_\_ Date of Article \_\_\_\_\_

Have you given presentations at Food Service or Correctional Conferences in the past 5 years?

YES  NO Topic, Association and Date(s) \_\_\_\_\_

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"/> Registered Dietitian                                  | <input type="checkbox"/> Other Certification - Specify _____                  |

What level of decision-making do you have in the following?

- |                  |  |                  |  |
|------------------|--|------------------|--|
| <b>FOOD</b>      | <input type="checkbox"/> Final Decision    | <b>EQUIPMENT</b> | <input type="checkbox"/> Final Decision    |
| (check only one) | <input type="checkbox"/> Strong Influence  | (check only one) | <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 \_\_\_\_\_

Signature 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.

SEND COMPLETED FORMS TO: ACFSA Headquarters, PO Box 10065, Burbank, CA 91510 OR FAX COMPLETED FORMS TO: (818) 843-7423 ▲ Questions? Call (818) 843-6608 ▲ www.ACFSA.org

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