



# The Association of Correctional Food Service Affiliates

## 2017 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 APRIL 21, 2017.  
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

Have not received an ACFSA Conference Scholarship in the past ten years.

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:

ACFSA Certified Correctional Foodservice Professional  Dietary Manager's Association Certificate or License

ACFSA Certified Correctional Food Systems Manager  Certified Chef

Registered Dietitian  Other Certification - Specify \_\_\_\_\_

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

**FOOD**

(check only one)

Final Decision

Strong Influence

Limited Influence

**EQUIPMENT**

(check only one)

Final Decision

Strong Influence

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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