



# *The Association of Correctional Food Service Affiliates*

## **2024 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 OR EMAIL TO JANINE@ACFSA.ORG**

**MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY TIME-STAMPED ON OR BEFORE MAY 15, 2024.  
YOU MAY SUBMIT THIS FORM ON-LINE AT WWW.ACFSA.ORG**

*Please Check only one box* ☐ **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**

**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:

☐ 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**

☐ Final Decision

#### **EQUIPMENT**

☐ Final Decision

(check only one)

☐ Strong Influence

(check only one)

☐ Strong Influence

☐ Limited 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 or email to janine@acfsa.org ▲ Questions? Call (818-843-6608 ▲ [www.ACFSA.org](http://www.ACFSA.org)

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