

Washington School Nutrition Association

2008-2009 Chapter Handbook



WASHINGTON
SCHOOL
NUTRITION
ASSOCIATION

Making the right food choices, together.

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Washington School Nutrition Association

Mission: To advance good nutrition for all children.

Vision: Healthful, appealing meals and nutrition education resources are available to all children.

Core Values:

- Development of the whole child
- Competency
- Professional development and growth
- Camaraderie, community and fun
- Lifelong learning
- Healthy lifestyles

Important Contact Information & Websites

WSNA President Debbie Kallio	Sedro-Woolley School District HM: 10110 Collins Rd. Sedro-Woolley, WA 98284	HM: 360 856-1303 WK: 360 855-3888 E-Mail: kallio@skat.net
WSNA President-elect Ariane Shanley	South Kitsap School District 1962 Hoover Ave SE Port Orchard, WA 98366	WK: 360 443-3663 FAX: 360 443-3674 E-Mail: shanley@skitsap.wednet.edu
WSNA Vice-president Lisa Johnson	Bremerton School District 9811 Ridgeway Drive Gig Harbor, WA 98332	WK: 360 473-4716 FAX: E-Mail: lisa.johnson@bsd.wednet.edu
Executive Director/Apple Press Kathy Buchanan	Washington School Nutrition Assn. 9116 E. Sprague Ave. #471 Spokane, WA 99206-3601	HM/WK: 509 926-9177 FAX: 509 926-0674 E-Mail: wsna@comcast.net
Membership - Pat Klumb	11510 E. 12th Spokane, WA 99206	HM: 509 928-5452 E-Mail: klumb 57@msn.com
Certification - Sharon Coleman	Tacoma School District 437 Farallone Avenue Fircrest, WA 98466	HM: 253 565-4820 WK: 253 571-3376 FAX: 253 571-3377 E-Mail: SCOLEMA@tacoma.k12.wa.us
WSNA Website www.washingtonsna.org	Washington School Nutrition Assn. 9116 E. Sprague Ave. #471 Spokane, WA 99206-3601	HM/WK: 509 926-9177 FAX: 509 926-0674 E-Mail: wsna@comcast.net
SNA Website www.schoolnutrition.org	700 S. Washington, Suite 300 Alexandria, VA 22314-4287	WK: 1-800-877-8822 FAX: 1-703-739-3915

Washington School Nutrition Association Plan of Action 2008-2009

Mission Statement: To advance good nutrition for all children.

Vision Statement: Healthful, appealing meals and nutrition education resources are available to all children in Washington State.

Core Values

- * Development of the whole child
- * Competency
- * Professional development and growth
- * Camaraderie, community and fun
- * Lifelong learning
- * Healthy lifestyles

Priority Issue #1: CN Program Financial Stability

School nutrition programs are struggling for financial stability due to rising food and labor costs.

Guiding Principles

- Financial stability in child nutrition programs is essential to providing healthy, nutritious meals for students.
- Financial stability in child nutrition programs is essential to their continuance.
- Increased support from the state legislature is essential to the financial stability of child nutrition programs.
- Financial stability supports access to meals for all students.

Desired Outcomes

- Secure stabilized funding to continue quality child nutrition services for all students in our state.

Planned Strategies

- Lobby the State Legislature to expand the elimination of the reduced-price co-pay for lunch to include students in pre-school and in Grades 4-12.
- Lobby the State Legislature to again include labor and benefits for child nutrition employees in the basic education funding formula.
- Conduct a public awareness campaign (comparing) the cost of the program and the challenges.
- Create a support system for struggling child nutrition programs (technical support).
- Encourage members to become active with state and national PPL activities by attending State and National LAC
- Conduct educational classes to inform member of the processes and opportunities for their involvement.

Priority Issue #2: Professionalism

The increased complexity of child nutrition programs is driving the need for more training opportunities to ensure future program quality and to promote members' sense of professionalism.

Guiding Principles

- A sense of professionalism is promoted by training.
- A sense of professionalism is enhanced by the way in which an employer views the importance of child nutrition in the development of the whole child.
- A sense of professionalism is enhanced when members share their abilities, skills, and passion in order to help others.

Washington School Nutrition Association Plan of Action 2008 – 2009 (continued)

Professionalism: Desired Outcomes

- District administrators and school boards will realize the value of a trained child nutrition staff.
- The number of employees who receive training will increase.
- WSNA training will be accessible to all members.
- Members will advance in their profession.
- Members will become aware of volunteer opportunities.
- Members will share their skills, knowledge, and abilities not only in their school environments but also in their communities and beyond.
- Members will be aware of child nutrition needs globally and of the work of the Global Child Nutrition Foundation.

Professionalism: Planned Strategies

- Educate members about new certification program.
- Promote WSNA grants and conference training classes.
- Raise the awareness of school administrators by writing thank you letters to districts hosting fall and spring workshops and grant classes. Include information regarding the number in attendance and the value to the members who benefit from these events.
- Create a PowerPoint presentation and other materials that can be used by districts to educate school boards about the benefits of trained child nutrition employees.
- Educate members about global child nutrition needs, programs, etc., and the work of the Global CNF by presentations at conference, workshops, and meetings and through articles in the Apple Press and information on the website.
- Work with other groups within our communities and beyond to support their efforts with fundraisers, food drives, and nutritional education support, etc.
- Work with allied groups and their programs that promote health and well being in children.
- Promote information and websites of successful nutrition programs that can be used by CN staff for classroom nutrition education.

Priority Issue #3: Leadership

As members struggle with the changing work environment and life demands, there is a negative impact on their participation in local and state leadership opportunities.

Guiding Principles

- WSNA and its chapters provide valuable educational, professional, and networking opportunities for all child nutrition program employees.
- The quality of the programs that WSNA and its chapters offer is dependent upon strong, effective leadership.

Desired Outcomes

- Members will be inspired and empowered to accept leadership roles at the local and state levels.

Planned Strategies

- Develop and implement a mentoring program for potential future leaders.
- Hold a state training for chapter leaders and/or future leaders.
- Nurture future leaders through the state leadership training and SNA's Future Leader program

Washington School Nutrition Association

Plan of Action 2008 – 2009 (continued)

Priority Issue #4: Membership

Declining membership, less member participation, and failing chapters indicate the benefits received by members of the Association are no longer meeting their needs.”

Guiding Principles

- Effective local chapters are essential to the success of WSNA.
- The involvement of managers and directors through membership supports WSNA in its mission and goals.
- It is important that WSNA reach out to chapters, districts, and industry to encourage membership.

Desired Outcomes

- All current chapters will retain their affiliation with WSNA.
- The number of employees who receive training through workshops, conferences and grants will increase.
- The number of directors, supervisors and managers who become members will increase.
- WSNA training will be accessible to all members.
- Employees will be motivated to pursue professional advancement through WSNA affiliation.
- A strong and active membership will provide a pool from which future leaders can be drawn.

Planned Strategies

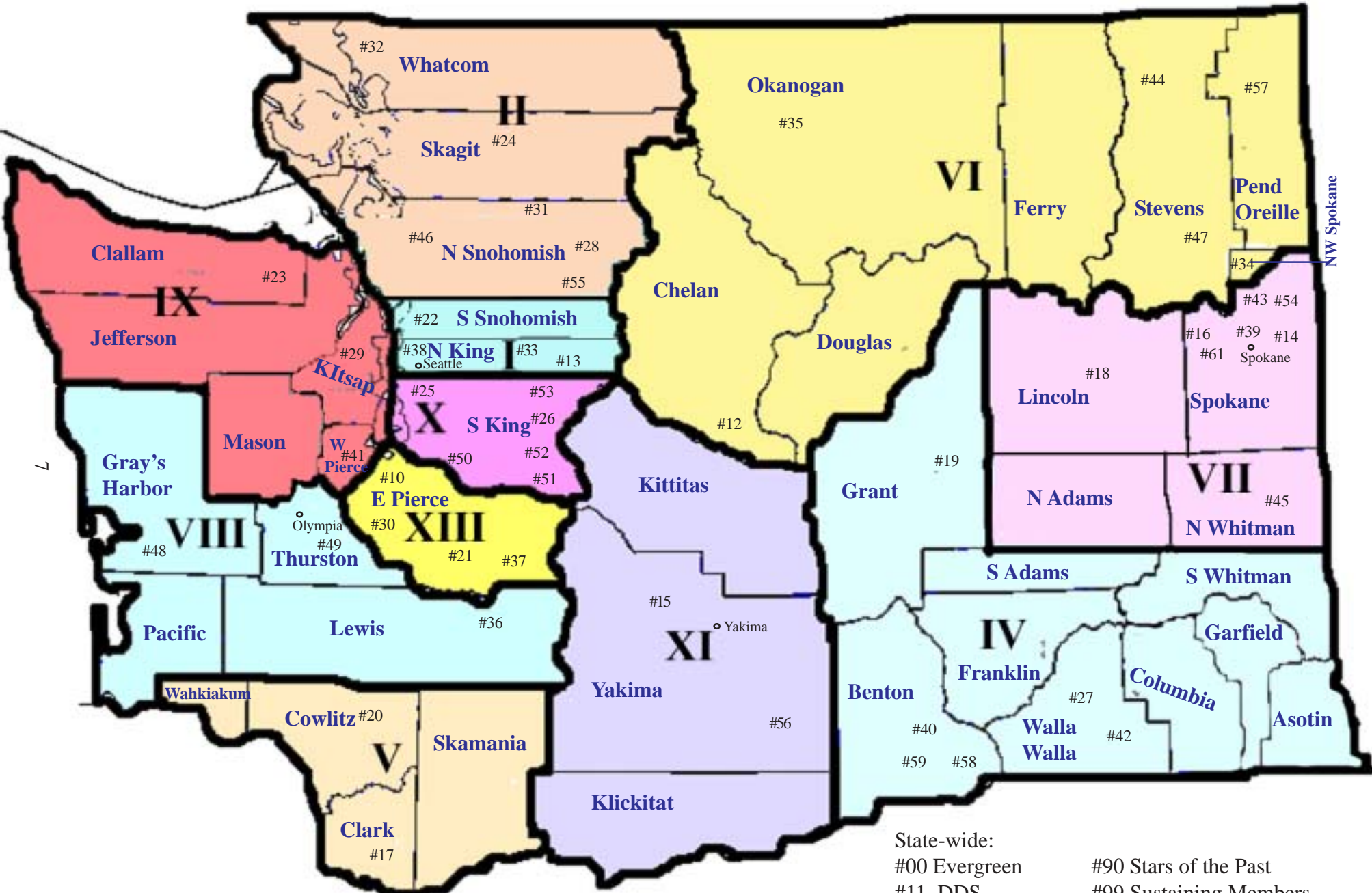
- Assess all WSNA services, activities, and communications in terms of how they are perceived by members and potential members (staff).
- Use Association assessment tool.
- Conduct survey of child nutrition professionals
- Promote the importance of membership in WSNA to administrators.
- Use SNA resources to reach teachers, administrators, and school board members in their districts.
- Address job-related issues with training. (Research new methods of training delivery through website, webinars, traveling education shows, etc.)
- Recognize years of membership.
- Expand and recruit industry partners.
- Investigate sponsored memberships for those who cannot afford membership.
- Develop a marketing campaign to show the value of membership: brochures, new member packet, website, Apple Press, etc.
- Develop packet and/or CD for OSPI specialists to leave with districts who do need more information about the Association.
- Send above to new directors.
- Each Area Representative will conduct one area meeting during the year where chapters can meet together.



WSNA DATES TO REMEMBER 2008-2009

August 3, 2008	WSNA Executive Joint Board Meeting (Spokane)
August 6, 2008	WSNA Committee Days (Spokane)
August 7, 2008	WSNA Board Training (Spokane)
August 1-Oct. 31, 2008	Fall Membership Drive
August 25, 2008	Apple Press Deadline
October 18, 2008	Eastside Fall Workshop, Kennewick
October 13-17, 2008	National School Lunch Week
October 24, 2008	WSNA Conference Committee Meeting (Tacoma)
October 25, 2008	Westside Fall Workshop, Bethel School District
November 6, 2008	Industry Seminar, Emeralds Downs, Commodity Show
November 7, 2008	Industry Seminar, Cedarbrook
November 7, 2008	WSNA Executive Finance Committee Meeting
November 8, 2008	WSNA Board Meeting, Seattle School District
November 17, 2008	Apple Press Deadline
December 1, 2008	Letter of Intent for "Louise Sublette Award"
January 16, 2009	WSNA Conference Committee Meeting (Tacoma)
February, 2009	WSNA/LAC – Olympia
March 1 – April 24, 2009	Spring Membership Drive
March 1, 2009	Submit Louise Sublette Materials
March 1, 2009	Submit Heart of the Program Application
March 1, 2009	Submit Director of the Year Application
March 1-4, 2009	SNA LAC (Washington DC)
March 1, 2009	Apple Press Deadline
March 2-6, 2009	National Breakfast Week
March 13, 2009	WSNA Conference Committee Meeting (Tacoma)
March 13, 2009	WSNA Executive Finance Committee Meeting
March 14, 2009	WSNA Board Meeting TBD
April 15, 2009	Scholarships due to SNA
April 16, 2009	Spring Workshop, Leavenworth
April 23-25, 2009	SNA National Leadership Conference (Carlsbad, CA)
May 1, 2008	WSNA Scholarship Application due to Pres./Ed. Committee
May 1, 2008	100% Kitchen Awards due to Pat Klumb, Membership Chair
May 4, 2009	Apple Press Articles Due
May 31, 2009	WAFE Nominations due
June 5, 2009	WSNA Conference Committee Meeting (Tacoma)
June 29-July 2, 2009	SNA Conference, Las Vegas, Nevada
August 1, 2009	WSNA Executive Finance Meeting. Tacoma
August 2, 2009	WSNA Executive Board Meeting, Tacoma
August 3-5, 2009	WSNA Conference, Tacoma

Area/Chapter Map



- State-wide:
- #00 Evergreen
 - #11 DDS
 - #60 Day care
 - #90 Stars of the Past
 - #99 Sustaining Members

Chapters by Area

Area I North King & South Snohomish

- 13 Bellevue
- 22 Edmonds
- 33 Northshore
- 38 Seattle

Area II Northwest

(N. Snohomish, Skagit, Whatcom)

- 24 Skagit Valley
- 28 Lake Stevens
- 31 Marysville
- 32 Fourth Corner
- 46 Bayview (Everett)
- 55 The Professionals

Area IV South Central

(Grant, Benton, Franklin, Walla Walla, Columbia, S. Adams, S. Whitman, Garfield, Asotin)

- 19 Columbia Basin
- 27 Blue Valley
- 40 Tri Cities
- 42 Walla Walla
- 58 Pasco Pride
- 59 Richland Power

Area V Southwest

(Clark, Cowlitz, Skamania, Wahkiakum)

- 17 Clark County
- 20 Cowlitz County

Area VI Northeast & North Central

(NW Spokane, Ferry, Stevens, Chelan Pend Orielle, Okanogan, Douglas)

- 12 Apple
- 34 Mead
- 35 Okanogan
- 44 Northern Gateway
- 47 Panorama
- 57 Pend Orielle Good Cookies

Area VII Southeast

(Northeast & South Spokane, Lincoln, N. Whitman, N. Adams)

- 14 Central Valley
- 16 Cheney
- 18 Lincoln County
- 39 Spokane
- 43 West Valley (Spokane Valley)
- 45 Whitman County
- 54 East Valley (Spokane Valley)
- 61 Medical Lake

Area VIII West Central

(Thurston, Lewis, Pacific, Grays Harbor)

- 36 Skookumchuck
- 48 Grays Harbor
- 49 South Sound

Area IX Olympic Peninsula

(W Pierce, Kitsap, Jefferson, Clallam, Mason)

- 23 Quimper Peninsula
- 29 Olympic Peninsula
- 41 Tacoma

Area X South King

(South King)

- 25 Highline
- 26 Hill & Dale
- 50 School Lunch Bunch
- 51 Plateau
- 52 Green Valley
- 53 Maple Leaf

Area XI Central

(Kittitas, Yakima, Klickitat)

- 15 Central Washington
- 56 Lower Valley KP

Area XIII East Pierce

(East Pierce)

- 10 Franklin Pierce
- 21 Daffodil
- 30 Bethel
- 37 Rainier

Statewide

- 00 Evergreen
- 11 DDS
- 60 Day Care
- 90 Stars of the Past
- 99 Sustaining Members (Industry)

Glossary of Acronyms

ACDA	American Commodity Distribution Association
ADA	American Dietetic Association
ANC	Annual National Conference
ASAE	American Society of Association Executives
ASC	Annual State Conference
CACFP	Child and Adult Care Food Program
CEU	Continuing Education Units
CN	Child Nutrition
CNIC	Child Nutrition Industry Conference
CNM	Child Nutrition Management
CNF	Child Nutrition Foundation
DDS	District Directors & Supervisors
FNS	Food & Nutrition Services
FRAC	Food Research Action Committee
GCNF	Global Child Nutrition Foundation
HACCP	Hazard Analysis and Critical Control Point
HOD	House of Delegates
JCN&M	Journal of Child Nutrition and Management
LAC	Legislative Action Conference
MCD	Major City Directors & Supervisors
NFSMI	National Food Service Management Institute
NLD	National Leadership Conference
NNM	National Nutrition Month
NRA	National Restaurant Association
NSBW	National School Breakfast Week
NSLP	National School Lunch Program
NSLW	National School Lunch Week
OSPI	Office of Superintendent of Public Instruction
PAC	Political Action Committee
POA	Plan of Action
PP & L	Public Policy & Legislation
PR	Public Relations
RD	Registered Dietician
RD	Regional Director (SNA)
SBP	School Breakfast Program
SCK	School Community Kitchens
SF & N	School Foodservice & Nutrition
SNS	School Nutrition Specialist
SFS	School Food Service
SNA	School Nutrition Association
STAR	Member recognition program
USDA	United States Department of Agriculture
WIC	Supplemental Nutrition Program for Women, Infants & Children
WSNA	Washington School Nutrition Association
WWW	World Wide Web



NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID _____

1 Have you ever been an SNA member? Yes No

2 First Name _____ M _____ Last Name _____

3 Job Title _____ Email _____

4 School District _____

5 School Name _____ 6 Chapter No. _____

7 Who introduced you to SNA? First Name _____ Last Name _____

8 Home Phone _____ Business Phone _____ Extension _____ Fax Number _____

Preferred Mailing Address Home Work (Check only one)

9 Address _____ Suite/Apt _____

City _____ State _____ ZIP _____

Secondary Address Home Work (Check only one)

10 Address _____ Suite/Apt _____

City _____ State _____ ZIP _____

11 Membership Categories and Dues (Select one only)* (See back for description) Both National and State dues are required.

School Nutrition <input type="checkbox"/>	Child Care <input type="checkbox"/>	Dues Amt
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	\$26
<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Manager	\$28
Director/Supervisor/Specialist:		
<input type="checkbox"/> District	<input type="checkbox"/> Major City	\$95
<input type="checkbox"/> Child Care	<input type="checkbox"/> State Agency	
<input type="checkbox"/> Other (Principals, Superintendents, Teachers, etc.)		
<input type="checkbox"/> Nutrition Educator (College/University Level)		
<input type="checkbox"/> Affiliate Retired	<input type="checkbox"/> Affiliate Part-time	\$12

12 Employed by? Public School
 Private School
 Private Management Company
 CACFP

13 Does your employer pay your dues? Yes No

14 Are you responsible for school nutrition operations in your district? Yes No

16 Your state dues are: (Record state dues paid in the space provided on right) Choose only one*
\$5.00 All Members

Dues subject to change. See reverse side for more information.

15 NATIONAL DUES \$ [][] . [][]

WA 16 STATE DUES \$ [][] **5** . **00**

17 TOTAL DUES \$ [][] . [][]

18 SN Foundation (Funds/Scholarships for members)
____ \$1 ____ \$5 ____ \$10 ____ \$15 ____ Other \$ [][] . [][]

19 Political Action Committee (SNA PAC)
____ \$1 ____ \$10 ____ \$25 ____ \$50 ____ Other \$ [][] . [][]

20 TOTAL PAYMENT \$ [][] . [][]

21 Signature _____

Date [][] / [][] / [][][][]

Return form with your check or money order made payable to SNA
Mail application to SNA, PO Box 791004, Baltimore, MD 21279-1004.

SNA National and State Membership Application Guidelines

(formerly American School Food Service Association)

Please print clearly. Complete all appropriate items.

1. Have you ever been an SNA member before? Check yes or no, whichever applies to you.
2. Print legibly your full name as you would like it to appear in the membership record and on your membership card.
3. Print your current job title.
4. Print your current school district.
5. Print your current school name.
6. If you know your local chapter number, please fill in.
7. Full name of sponsor who introduced to SNA.
8. Enter your home, business, and fax number.
9. Full mailing address (address abbreviations listed below). Check the appropriate box.
10. Full secondary address (address abbreviations listed below). Check the appropriate box.
11. Please review the membership categories listed. Check one that best describes your position and the dues amount.
12. Please check if you are employed by public school, private school, or private management company.
13. Does your employer pay your dues? Check yes or no, whichever applies.
14. Are you a director of foodservice operations? Check yes or no, whichever applies to you.
15. Enter your e-mail address (if you have one).
16. Record your national dues based on membership category checked.
17. Record your state dues based on the state dues listed on left side of application under your "state dues are."
18. Please add National and State dues amounts. This is the total dues to be paid.
19. Please make your check payable to the name printed on the left. Do not send cash.
20. Mail your application and payment to address printed on the bottom left side of form under "please make your check payable to."
21. Add National and State dues and any optional contributions. This is the total payment.
22. Please sign and date your completed application.

Membership dues cover a full year of membership benefits. Processing of applications takes two to four weeks from date of receipt. Members will receive an SNA membership card within two weeks once application has been processed. If you have any questions regarding this application, please call the SNA Service Center at 800-877-8822.

Standard Address Abbreviations:

Avenue -	Ave	Circle -	Cir	Lane -	Ln	Road -	Rd	Street -	St
Boulevard -	Blvd	Drive -	Dr	Highway -	Hwy	Route -	Rte		

State Dues Category Dues	Description	Used For	National Membership
---------------------------------	--------------------	-----------------	----------------------------

FNE	Foodservice/Nutrition Employee	Cooks, bakers, bookkeepers, technicians, assistants, etc.	\$26
CCE	Child Care Employee	Child / Day / Family / Home Care Center Providers	\$26
STU	Student	Full-time students enrolled in college/university foodservice, nutrition or dietary program.	\$26
RET	Retired	Retired school foodservice workers	\$26
SFM	Foodservice/Nutrition Manager	Managers, head cooks, assistant managers	\$28
CCM	Child Care Manager	CACFP Supervisory Staff	\$28
DDS	Foodservice/Nutrition Directors, Supervisors, Specialists	Working in the foodservice program at the school district level.	\$95
MCD	Foodservice/Nutrition Directors, Supervisors, Specialists (Major City)	Working in the foodservice program where the school district enrollment is 40,000 or more or city population is 200,000 or more.	\$95
SDS	State Agency Directors, Supervisors, Specialists	Working in state office for child nutrition programs, including nutrition education.	\$95
CCD	Child Care Director	CACFP Sponsor	\$95
EDU	Foodservice/Nutrition Educator	Faculty or foodservice directors working in a college/ university setting.	\$95
OTH	Other	Principals, Superintendents, Teachers, etc.	\$95
AFE	Affiliate Part-time staff (less than 4 hours daily)	Optional membership category for retired or part-time foodservice staff. Does not include a subscription to SF & N magazine or right to vote in SNA election.	\$12
AFR	Affiliate Retired		\$12

Note: Contributions or gifts to SNA are not deductible as charitable contributions for federal income tax purposes. Contributions to the Foundation are deductible for IRS purposes. \$2.00 of your national dues is used for your subscription to the SF & N magazine.

New Certification Application Checklist

- Complete and sign the application form.
- Enclose check, money order or complete credit card information on the application form.
- Enclose a copy of your high school diploma or GED for Level 2.
- Enclose a copy of your high school diploma/ GED or college transcript for Level 3.
- Enclose a copy of your required documentation for all Levels.
- Mail the application form, payment and all documentation to:
SNA, PO Box 791004,
Baltimore, MD 21279-1004

Requirements	Level 1	Level 2	Level 3 If using TABLE A	Level 3 If using TABLE B
*High School Diploma/GED	*	✓		✓
Some College Credit			✓	
Documentation: Nutrition Education	✓ 10 Hour Nutrition Education Course (i.e. <i>Healthy EDGE</i> or SNA-approved equivalent course) <i>Healthy EDGE</i> must be taught by a SNA Certified Trainer.	✓ 10 Hour Nutrition Education Course (i.e. <i>Healthy EDGE</i> or SNA-approved equivalent course) <i>Healthy EDGE</i> must be taught by a SNA Certified Trainer.		✓ 10 Hour Nutrition Education Course (i.e. <i>Healthy EDGE</i> or SNA-approved equivalent course) <i>Healthy EDGE</i> must be taught by a SNA Certified Trainer.
Documentation: Sanitation & Safety	✓ 10 Hour Sanitation & Safety Course (i.e. <i>ServSafe</i> or SNA-approved equivalent course)	✓ 10 Hour Sanitation & Safety Course (i.e. <i>ServSafe</i> or SNA-approved equivalent course)		✓ 10 Hour Sanitation & Safety Course (i.e. <i>ServSafe</i> or SNA-approved equivalent course)
Documentation: Key Area Hours		<ul style="list-style-type: none"> ✓ 20 Hours in Key Area 1— Operations ✓ 15 Hours in Key Area 2— Nutrition ✓ 20 Hours in Key Area 3— Administration ✓ 15 Hours in Key Area 4— Communications/Marketing 		<ul style="list-style-type: none"> ✓ 35 Hours in Key Area 1— Operations ✓ 35 Hours in Key Area 2— Nutrition ✓ 45 Hours in Key Area 3— Administration AND Key Area 4—Communications/Marketing ✓ 15 Hours of General Electives (Can complete courses in any of the four Key Areas)
Documentation: College Credit			<ul style="list-style-type: none"> ✓ 3 College Credits such as Food Safety/HACCP/ Sanitation/Food Science ✓ 3 College Credits such as Nutrition/Feeding Children with Special Needs/ Community Nutrition ✓ 3 College Credits such as Foodservice Management/ Leadership/Marketing/ Accounting 	
Total	20 Hours	90 Hours	9 College Credits OR 150 Hours	

* High School Diploma/GED will be required in 2011 for all new applicants at all levels.

General CEU Information
General CEU Guidelines

- * Individuals are responsible for maintaining documentation of all CEUs earned.
- * Core Requirements and Key Area Hours can be used for CEUs – CEUs cannot be used for Core Requirements or Key Area Hours.
- * CEUs are for Certification Renewal only.
- * CEUs must be completed or earned within the certification renewal period.
- * CEUs should reflect job-related growth experiences.
- * CEUs for SNA-sponsored events will be maintained in the SNA database.
- * All CEUs must be a minimum of one hour in length.

CEUs are required annually as indicated on the chart below:

<u>Certification Level</u>	<u>Annual CEUs</u>	<u>Member Annual Renewal Fee</u>	<u>Non-Member Annual Renewal Fee</u>
Level 1	6 CEUs	\$5.00	\$50.00
Level 2	12 CEUs	\$6.00	\$60.00
Level 3	18 CEUs	\$8.00	\$160.00

CEU Documentation for Audits

SNA will notify individuals who are selected for an audit of the CEUs they need to submit. Below is a list of the types of CEU documentation accepted by SNA:

- * Certificates of Completion
- * Copies of Rosters
- * College/University Transcript
- * Program Agenda
- * Program Books/Brochure
- * Registration Confirmation Letters
- * Badges
- * Payment Receipts

IMPORTANT!

You must complete the required number of CEUs during your annual certification period.



**School Nutrition Association
Key Area Approval Form**

Must be submitted **PRIOR** to program date:
4 weeks for in-state (WSNA) programs or
6 weeks for SNA-approved programs (SNA)

PROVIDER DETAILS

Educational Provider: _____

Address: _____

City, State & ZIP: _____

Contact Person: _____

Email: _____

Phone: _____ FAX: _____

Signature of Contact Person: _____

For SNA or WSNA Use Only	
Date Received:	_____
Date Processed:	_____
Number of Hours approved:	_____
Number of Hours requested:	_____
Approved by:	_____

PROGRAM DETAILS

Program Title: _____

Program Date: _____ Location (City/State) _____

Is this program being held in more than one state or nationally? Yes No

Key Area (Check One): ___#1 Operations ___#2 Nutrition ___#3 Administration ___#4 Communications/Marketing

Number of Hours Requested: *(must be at least 2 hours of active instructional time - does not include breaks, registration, warm-ups.)*

Program Type: Workshop Conference Seminar Chapter Meeting
 Satellite *Home Study Online Employee Training

Home-Study Programs - **The following is required:*

- Participant must complete an evaluation or test that documents that the program was completed. The evaluation or test must then be submitted to the educational provider.

REQUIRED ATTACHMENTS

- *Program Description
- **Program Evaluation Form
- *Printed Program Agenda/Outline
(Sessions & times, registration, breaks, meals)
- **Learning Objectives
- **Copy of Presentation *(Handouts, PowerPoint)*
- **Speaker Bio *(Qualifications/Degree/Current Position)*

****Required for all applicants.***

***** Not required for chapter meetings. Required for third party applicants (distributors, brokers, districts, etc.)***

See more information on Key Area Courses on page 16

Key Course Guidelines

GUIDELINES

A. Who should approve your program?

WSNA approves Key Area programs being held within our state. SNA headquarters will approve only those Key Area programs offered in more than one state or other organization's national conference. The Key Area Approval Form should be submitted prior to offering the program.

B. What are Key Area Programs?

Key Area Programs are directly related to the *Key's to Excellence* and must be at least 2 hours of instructional time. The programs must fall under the following areas:

- ✓ Key Area 1 – Operations
- ✓ Key Area 2 – Nutrition
- ✓ Key Area 3 – Administration
- ✓ Key Area 4 – Communications/Marketing

C. Are educational providers required to provide documentation of completion?

Yes. Each participant should receive documentation of completion for the Key Area Program completed. This may be in the form of a certificate, transcript and/or confirmation notice of attendance.

IN-STATE PROGRAM:

1. Send **two (2) copies** of this **form** and **one (1) copy** of the “**Sign In**” Roster, and one (1) copy of the Credit Activity Form plus a self-addressed stamped envelope to the following certification representative for approval:
Sharon Coleman, Certification Chair
3321 S. Union Avenue
Tacoma, WA 98409.

If you prefer to correspond via email, please contact Sharon at SCOLEMA@tacoma.k12.wa.us.

2. Send a copy of this form when approved to your Area Representative.
3. Wait for approval to hold your program.
4. File this approved form and keep for SNA auditing purposes along with completed “Sign-In” roster.

Questions: Contact Sharon Coleman, WSNA Certification Chair, at 253.571.3376 or email at SCOLEMA@tacoma.k12.wa.us.

NATIONAL PROGRAM or BEING HELD IN MORE THAN ONE STATE

If this program is being held in more than one state, please mail or fax the completed form and attachments to SNA Headquarters:

Mail to: School Nutrition Association
Attn: Certification & Credentialing Manager
700 S. Washington St., Ste. 300
Alexandria, VA 22314

Or Fax to: SNA Certification & Credentialing Manager (70



School Nutrition Association CEU Approval Form

Must be submitted **PRIOR** to program date:
4 weeks for in-state (WSNA) programs or
6 weeks for SNA-approved programs (SNA)

PROVIDER DETAILS

Educational Provider: _____

Address: _____

City, State & ZIP: _____

Contact Person: _____

Email: _____

Phone: _____ FAX: _____

Signature of Contact Person: _____

For SNA or WSNA Use Only

Date Received: _____

Date Processed: _____

Number of Hours approved: _____

Number of Hours requested: _____

Approved by: _____

PROGRAM DETAILS

Program Title: _____

Program Date: _____ Location (City/State) _____

Is this program being held in more than one state or nationally? Yes No

Number of CEU's Requested: *(must be at least 1 hour of active instructional time - does not include breaks, registration, warm-ups.)*

Program Type: Workshop Conference Seminar Chapter Meeting
 Satellite *Home Study Online Employee Training

Home-Study Programs - **The following is required:*

Participant must complete an evaluation or test that documents that the program was completed. The evaluation or test must then be submitted to the educational provider.

REQUIRED ATTACHMENTS

- | | |
|--|--|
| <input type="checkbox"/> *Program Description | <input type="checkbox"/> **Learning Objectives |
| <input type="checkbox"/> **Program Evaluation Form | <input type="checkbox"/> **Copy of Presentation (<i>Handouts, PowerPoint</i>) |
| <input type="checkbox"/> *Printed Program Agenda/Outline
<i>(Sessions & times, registration, breaks, meals)</i> | <input type="checkbox"/> **Speaker Bio (<i>Qualifications/Degree/Current Position</i>) |

***Required for all applicants.**

**** Not required for chapter meetings. Required for third party applicants (distributors, brokers, districts, etc.)**

See more information on CEU Courses on page 18

CEU Guidelines

GUIDELINES

A. Who should approve your program?

The WSNA Certification Chair approves CEU programs being held within Washington state. SNA headquarters will approve only those CEU programs offered in more than one state or other organization's national conference. The CEU Approval Form should be submitted for approval prior to offering the program.

B. What are Continuing Education Units (CEU's)?

Continuing Education Units (CEU's) are hours earned for attending job related activities such as workshops, seminars, in-service training, that provides ongoing professional growth.

C. Are educational providers required to provide documentation of completion?

Yes. Each participant should receive documentation of completion for the CEU Program completed. This may be in the form of a certificate, transcript and/or confirmation notice of attendance.

IN-STATE PROGRAM:

1. Send **two** (2) **copies** of this **form** and **one** (1) **copy** of the **“Sign In” Roster**, and one (1) copy of the Credit Activity Form plus a self-addressed stamped envelope to the following certification representative for approval:
Sharon Coleman, Certification Chair
3321 S. Union Avenue
Tacoma, WA 98409.

If you prefer to correspond via email, please contact Sharon at SCOLEMA@tacoma.k12.wa.us.

2. Send a copy of this form when approved to your Area Representative.
3. Wait for approval to hold your program.
4. File this approved form and keep for SNA auditing purposes along with completed “Sign-In” roster.

Questions: Contact Sharon Coleman, WSNA Certification Chair, at 253.571.3376 or email at SCOLEMA@tacoma.k12.wa.us.

NATIONAL PROGRAM or BEING HELD IN MORE THAN ONE STATE

If this program is being held in more than one state, please mail or fax the completed form and attachments to SNA Headquarters:

Mail to: School Nutrition Association
Attn: Certification & Credentialing Manager
700 S. Washington St., Ste. 300
Alexandria, VA 22314

Or Fax to: SNA Certification & Credentialing Manager (70

SCHOOL NUTRITION ASSOCIATION ATTENDANCE ROSTER

Program Title / Activity:

Date:

Program Sponsor:

Location of course:

Number of CEU's:

Instructor's Signature: _____

NOTE: This roster will not be sent to SNA. Each person is responsible for tracking his/her own credits.

	Name (Please Print Neatly)	State	SNA Identification Number (Required)	CEU's Completed
1.		WA		
2.		WA		
3.		WA		
4.		WA		
5.		WA		
6.		WA		
7.		WA		
8.		WA		
9.		WA		
10.		WA		
11.		WA		
12.		WA		
13.		WA		
14.		WA		
15.		WA		
16.		WA		
17.		WA		
18.		WA		
19.		WA		
20.		WA		
21.		WA		
22.		WA		
23.		WA		
24.		WA		
25.		WA		

**Washington School Nutrition Association
Credit Activity Form**

Date: _____ Member # _____

Name: _____

Program/Activity Title:

Location of Program/Activity:

Time of Program / Activity: _____

Approved by: _____

Approved for: _____ Key Course Hours
_____ CEU's

Signature of President or Certification Person

Do Not Send to SNA - For Personal Records Only

**Washington School Nutrition Association
Credit Activity Form**

Date: _____ Member # _____

Name: _____

Program/Activity Title:

Location of Program/Activity:

Time of Program / Activity: _____

Approved by: _____

Approved for: _____ Key Course Hours
_____ CEU's

Signature of President or Certification Person

Do Not Send to SNA - For Personal Records Only

**Washington School Nutrition Association
Credit Activity Form**

Date: _____ Member # _____

Name: _____

Program/Activity Title:

Location of Program/Activity:

Time of Program / Activity: _____

Approved by: _____

Approved for: _____ Key Course Hours
_____ CEU's

Signature of President or Certification Person

Do Not Send to SNA - For Personal Records Only

**Washington School Nutrition Association
Credit Activity Form**

Date: _____ Member # _____

Name: _____

Program/Activity Title:

Location of Program/Activity:

Time of Program / Activity: _____

Approved by: _____

Approved for: _____ Key Course Hours
_____ CEU's

Signature of President or Certification Person

Do Not Send to SNA - For Personal Records Only

AREA/CHAPTER GRANTS INSTRUCTIONS

Steps for Applying for Chapter/Area Grants

Before Holding Class:

1. The Chapter completes **Sections I and II** of the Area/Chapter Grant Form, sends the original form to the Area Representative and keeps a copy for its records. (Suggest completing this step at least four weeks before class is to be held.)
 - a. The proposed class **must provide training** that will meet SNA requirements for *either* Core Course, Key Area Courses, or CEU's. Refer to the SNA Certification Guide for more information.
 - b. Instructors for 10-hour courses must be chosen from the WSNA-approved list of instructors.
 - c. The class must provide training for **at least 15 people**.
 - d. A completed budget must be submitted with the application (see below)
 - e. ***The amount due to instructors (up to \$650 per class) will be paid directly by WSNA to the instructor. Chapters should not pay instructors unless the amount charged by the instructor is in excess of the \$650 grant. In that case, the chapter will pay the balance.***
 - f. Chapters or areas may, if they wish, reimburse an instructor for some or all of his/her expenses.
 - g. A Chapter may receive no more than a total of \$650 per fiscal year.
 - h. If an Area Rep (rather than an individual chapter) wishes to host training(s) for the area, he/she may apply for up to \$1,300; but two classes must be completed to receive this amount. The Area Rep must be sure that the classes are held when all chapters in the area can attend. Written flyers, invitation, etc., describing the training must be sent to all chapters. **That information must accompany the application form when submitting for reimbursement.**
2. The Area Representative will determine if chapter grant money is still available in the area. If money is still available, the Area Rep will initial the application in Section I and forward the application and budget to the Executive Director for approval. *Time is of the essence, and the form should be mailed to the Executive Director within two days of receipt.* Executive Director: WSNA, ATTENTION Kathy Buchanan, 9116 E Sprague Ave #471, Spokane, WA 99206-3601.
3. The Executive Director will approve the grant application and budget if all have been met.
 - a. The Executive Director will make three copies of the approved form.
 - i. The original will be returned to the chapter. *Time is of the essence, and the form should be returned to the Chapter within five days of receiving the request.* If granted, the chapter will proceed with class registrations.
 - ii. The Executive Director will retain the second copy
 - iii. The third copy will be returned to the Area Rep.
 - b. If the grant is denied, the Executive Director will indicate the reason in Section IV, retain a copy of the denied application, and send the original to the chapter.

After Holding Class:

1. Chapter completes **Section III** and sends to the Executive Director along with a **copy of the sign-in sheet**. The completed Section III will serve as an invoice for WSNA payment to the instructor and to the chapter, if applicable.
2. If the class still qualifies (at least 15 in attendance), the Executive will pay the instructor and reimburse the chapter according to the amounts indicated in Section III
3. Checks will be made payable to instructors or WSNA Chapters only.

Chapters will be liable for payment to instructor if above procedures are not followed.

Name of Class _____ Location: _____ Date: _____

Revenue:

WSNA Instructor Fees
(Paid by WSNA directly to instructor) _____

Other WSNA contribution _____

Chapter/District Contribution _____

Registration Fees _____ x \$ _____ = _____
(Number)

Other Revenue: (Describe) _____

Total Revenue: _____

Expenses:

WSNA Instructor Fees
(Paid by WSNA directly to instructor) _____

Materials
(Other than curriculum provided by OSPI) _____

Site Costs (Custodial, rental, etc.) _____

Meals (if applicable) _____

Other Expenses: (Describe) _____

Total Expenses: _____

AREA/CHAPTER GRANT APPLICATION

Section I

Date: _____ Chapter Name: _____ Chapter # _____
Area Representative _____ Area Rep Initials (Approval) _____
Chapter or Area Rep Requesting Grant _____
Main Contact (Name): _____
Address: _____ City _____ State _____ ZIP _____
Work Phone: _____ Home Phone _____ Email _____

Section II

Proposed Training:
Training Title: _____
Instructor: _____
Date(s) of Training: _____
Time(s) of Training: _____
Location of Training: _____

Anticipated # in Attendance: _____
Total Cost of Training: \$ _____
Attach Budget (See Instructions Page)

Chapter Contribution: \$ _____
I approve this class to be held:
Exec Director Signature _____
Date: _____

Section III

Actual Training:
Training Title: _____
Instructor: _____
Date(s) of Training: _____
Time(s) of Training: _____
Location of Training: _____

Number in Attendance: _____
Requested Reimbursement: \$ _____
\$ _____ payable to instructor
\$ _____ payable to chapter
Chapter Contribution: \$ _____
I approve payment as outlined above:
Exec Director Signature _____
Date: _____

Section IV

If not granted, please indicate reason:

Remember:

Follow the steps outlined in the instructions.
No reimbursement will be sent prior to training.
No reimbursement will be granted for training fewer than 15 people.
Checks for instructors will be made to the instructor; other payment (if any) will be made to chapters.
Chapters will be liable for payment to instructor if outlined procedures are not followed.



WASHINGTON SCHOOL NUTRITION ASSOCIATION PROCEDURES FOR CORE REQUIREMENT GRANTS (Previously Specalized Training Grants)

Following are some guidelines to assist you in planning a successful class using WSNA's Core Requirement Grants. If you have questions, you may contact Kathy Buchanan, WSNA Executive Director, wsna@comcast.net, (509) 926-9177.

Please note that these grants are different from the Area/Chapter grants that are still available through your Area Representative.

1. Research the interest in the class in your area and in neighboring areas that may be close to the proposed site. Classes currently approved for Core Requirement Grants are **Basic Nutrition, Serving It Safe, and Healthy Edge**.
2. Complete an application and budget. ***Both forms are required.*** Read through the information on the application and budget carefully, since it gives more guidance as to the WSNA policies regarding the Core Requirement Grants. Be sure to keep a copy of the application and budget for your records.
3. Mail the application and budget to the Executive Director ***at least 8 weeks prior*** to the class. This is necessary in order to contact instructors and order materials that are being graciously provided by Child Nutrition Services at OSPI.
WSNA
c/o Kathy Buchanan
4010 S Sundown Drive
Spokane, WA 99206
4. Upon receiving notice of approval of the class from WSNA, begin the registration process. A suggestion in order to help insure attendance by those registered is to charge a fee, perhaps \$25, when people register, even if you do not plan to charge anything for the class. When the class is held, those who are in attendance will receive their checks back. This, however, is only a suggestion. You may decide not to charge anything, or you may establish a registration fee that will be charged to all registrants.
5. Assign a facilitator for the class. The ***facilitator*** will collect evaluations (2-part NCR), give the second copy to the instructor, and mail the original copies of all evaluations to WSNA at the above address (see Item #3). The ***evaluations must be mailed within one week*** of the conclusion of the class in order to facilitate payment to the instructor.
6. Additional information regarding Core Requirement Grants:
 - a. Core Requirement Grants are designed to provide funding for trained instructors to teach one of each of the three classes in each area of the state. Grants will be awarded on a first come, first served basis.
 - b. If a chapter/district applies for a grant that is no longer available because it has already been offered in its area, the name of the chapter/district will be added to a waiting list.
 - c. Districts/chapters who submit an application for more than one of the three available classes will be asked to prioritize the classes in order of preference. Assuming funding for the preferred class is available, the applicant will be awarded a grant for that class and will be added to a waiting list for the other class/classes.
 - d. On March 1, all remaining available grant money will be awarded to those chapters/districts on the waiting list in the order that the requests were made.
 - e. *For the purpose of Core Training grants, instructors will not be allowed to charge more than \$650, to include all expenses.*

WASHINGTON SCHOOL NUTRITION ASSOCIATION
Application for Core Requirement Grant
Page One

Chapter Information:

Chapter Name _____ Chapter # _____ Area # _____

Contact Name _____

Mailing Address _____ City _____ ZIP _____

Phone _____ Email _____

Class Information:

1. Class Title: _____

2. Requested Instructor: _____

3. Dates & Times of Proposed Class _____

4. Location of Proposed Class (Please be specific) _____

5. Anticipated # Attending _____

6. What will be your method of advertising the class to other chapters and areas?

7. Attach Completed budget form. (Required)

8. Statement of Understanding:

We understand that receiving a WSNA grant for the above class requires the following:

1. At least 8 weeks prior the class, an application must be submitted to the WSNA Executive Director.
2. If the application is granted, WSNA will pay \$650 to the instructor at the completion of the class.

For the purpose of these grants, instructors will not be allowed to charge more than \$650, to include all expenses.

3. The chapter is responsible for sending the original copies of the evaluations to the Executive Director and for giving the second copy to the instructor. This is extremely important, since the instructor will not receive payment until the Executive Director has received the evaluations.
4. The instructor will submit a course outline and signed rosters from the class to the WSNA Executive Director. Instructor fees will be paid **directly** to the instructor by WSNA.
5. All expenses of the class other than the \$650 instructor fee are the responsibility of the chapter and will not be paid by WSNA.

Signature _____ Title _____ Date _____

WSNA Use Only

Approved by _____ Date _____

Instructor Assigned _____ Date/Check # of Payment to Instructor _____

NOTE: Attach budget (see next page); Send one copy to Executive Director; Make a copy for your records

WASHINGTON SCHOOL NUTRITION ASSOCIATION
Core Requirement Grant Application - Page Two
BUDGET

Name of Class _____

Location: _____ Date: _____

Revenue:

WSNA Instructor Fees \$650.00

(To be paid by WSNA directly to instructor)

Chapter/District Contribution _____

Registration Fees _____ x \$ _____ = _____

(Number)

Other Revenue: (Describe) _____

Total Revenue \$ _____

Expenses:

Instructor Fees \$650.00

Materials _____

(Other than curriculum provided by OSPI).

Site Costs (Custodial, rental, etc.) _____

Meals (if applicable) _____

Other Expenses: (Describe) _____

Total Expenses \$ _____

*****NET Budget: (Income – Expenses)** \$ _____

******Net Budget should NOT be a negative amount. If necessary, increase revenue from registration fees or chapter/district contributions to arrive at a balanced or revenue-producing budget.**

NOTE: Attach application (see previous page); Send one copy to Executive Director; Make a copy for your records.

DDS Scholarship

Title: DDS Scholarship

Type: Grant: Any number totaling \$500

Criteria/Requirements for DDS Scholarship:

1. Be a current, active member of SNA/WSNA for a minimum of 1 year.
2. Provide a statement:
 - a. Of your professional goals, education plan (where you will use the one) and why you should receive scholarship money (100 to 300 words)
 - b. From your district stating that they do not reimburse you for formal training tuition.
 - c. 3. Enclose two letters of recommendation, one personal and one professional (from your supervisor)

Note: Scholarship money will be paid directly to the educational institution or to the recipient if he/she has a receipt of paid tuition.

Scholarship awards will be made at WSNA Annual Conference

See Application on following two pages.

**Washington School Nutrition Association
District Director's and Supervisor's Chapter Scholarship
(Page Two)**

Work Experience (cont.)

3. _____
Type of work or position Dates School or Institution Location

Immediate Supervisor: _____
Name Address

DDS Scholarship:

I hereby apply for a scholarship in the amount of
_____ \$25 _____ \$50 _____ \$100 _____ \$150 \$_____ Other (please specify)

Briefly describe the program which you intend to pursue or have pursued?

How do you plan to utilize this training in the school food service industry?

State financial need for this scholarship.

Mail this form to the WSNA Scholarship Chair.

Washington School Nutrition Association Hobart Chapter Scholarship

Title: Chapter Scholarship

Type: Grant of two \$300 scholarships awarded

Criteria/Requirements for Scholarship:

1. Chapters applying must be member affiliated with WSNA for a minimum of 1 year
2. The chapter project must benefit all **chapter members**.
4. Must state need, reason and goal for proposed project in one or more of the following categories:
 - a. Nutrition Education
 - b. Continuing education in food service equipment and supplies
5. Must show **proof** chapter is unable to fund project, such as budget, etc.

Scholarship will be awarded at WSNA Annual Conference.

Hobart Chapter Scholarship

Title: Chapter Project Scholarship

Type: Grant of one \$300 scholarship

Scholarship Deadline: May 1

Directions: Please read carefully before completing. Type or print. Submit **three (3) copies**. Attach extra pages if necessary. ***Please take note of the requirements listed above and include them with the application.***
Attach extra pages if necessary.

Chapter Name: _____ Contact Person: _____

Address: _____
(street) (city) (state) (zip)

Has your chapter been affiliated with WSNA for at least one year? ____ Yes ____ No

- Please write an essay of 50 - 200 words on what your chosen chapter project is, why it was chosen and how it will be of benefit to **your members**. Include details of how you plan to carry out your project (meetings, seminars, workshops, etc.) and how many **members** this project will involve.
- Provide **proof** (documentation) that your chapter cannot fund this project, such as a budget.

I, as a chapter member and/or officer, verify that the Hobart Chapter Scholarship application has been completed accurately.

Signatures: _____
Chapter President Chapter Officer or Member

Mail this form to WSNA Scholarship Chair.

Washington School Nutrition Association Lang Scholarship

Title: Chapter Scholarship

Type: Grant of one \$500 scholarship awarded

Criteria/Requirements for Scholarship:

1. Chapters applying must be member affiliated with WSNA for a minimum of 1 year
2. The Chapter Project must be planned and coordinated through both the person administering the Food Service Program and the Chapter(s) affiliated with that District.
3. The district project must benefit all **students** who participate in the Breakfast and Lunch Program.
4. Must state need, reason and goal for proposed project in one or more of the following categories:
 - a. Nutrition Education
 - b. Marketing
 - c. Equipment
5. Must show **proof** chapter is unable to fund project, such as budget, etc.
6. Must show **proof** district will not fund project such as a letter, etc.

Lang Chapter Scholarship

Title: Chapter Project Scholarship

Type: Grant of one \$500 scholarship

Scholarship Deadline: May 1

Directions: Please read carefully before completing. Type or print. Submit **three (3) copies**. Attach extra pages if necessary. *Please take note of the requirements listed above and include them with the application.*

Attach extra pages if necessary.

District: _____ Contact Person: _____

Address: _____
(Street) (City) (State) (Zip)

Chapter Affiliate (Number and Name): _____

Has your chapter been affiliated with WSNA for at least one year? ____ Yes ____ No

- Please write an essay of 50 - 200 words on what your chosen chapter project is, why it was chosen and how it will be of benefit all **students** in either the Breakfast or Lunch Program. Include details of how the affiliated chapter and person administering the Lunch Program plan to coordinate their efforts in carrying this project to completion, how many schools the project will involve, etc.
- Provide **proof** (documentation) that your chapter cannot fund this project, such as a budget.
- Provide **proof** (documentation) that your district will not fund this project (i.e., letter from director, administrator, etc.).

I verify that the Lang Scholarship application has been completed accurately and with the participation of both parties required.

Signatures: _____
Supervisor/Director Chapter Representative

Mail this form to Scholarship Chair

Revised May 2006

Washington School Nutrition Association Smith & Greene Chapter Scholarship

Title: Chapter Scholarship

Type: Grant of one \$500 scholarship awarded

Criteria/Requirements for Scholarship:

1. Chapters applying must be member affiliated with WSNA for a minimum of 1 year
2. The chapter project must benefit all **chapter members**.
4. Must state need, reason and goal for proposed project in one or more of the following categories:
 - a. Nutrition Education
 - b. Continuing education in food service equipment and supplies
5. Must show **proof** chapter is unable to fund project, such as budget, etc.

Scholarship will be awarded at WSNA Annual Conference.

Smith & Greene Chapter Scholarship

Title: Chapter Project Scholarship

Type: Grant of one \$500 scholarship

Scholarship Deadline: May 1

Directions: Please read carefully before completing. Type or print. Submit **three (3) copies**. Attach extra pages if necessary. *Please take note of the requirements listed above and include them with the application.* Attach extra pages if necessary.

Chapter Name: _____ Contact Person: _____

Address: _____
(street) (city) (state) (zip)

Has your chapter been affiliated with WSNA for at least one year? _____ Yes _____ No

- Please write an essay of 50 - 200 words on what your chosen chapter project is, why it was chosen and how it will be of benefit to **your members**. Include details of how you plan to carry out your project (meetings, seminars, workshops, etc.) and how many **members** this project will involve.
- Provide **proof** (documentation) that your chapter cannot fund this project, such as a budget.

I, as a chapter member and/or officer, verify that the Smith & Greene Scholarship application has been completed accurately.

Signatures: _____
Chapter President Chapter Officer or Member

Mail this form to the WSNA Scholarship Chair.

**Washington School Nutrition Association
WSNA Professional Growth Scholarship Application
Page Two of Three**

Work Experience: (continued)

3. _____
Type of work or position Dates School or Institution Location

Immediate Supervisor: _____
Name Address

WSNA Professional Growth/Education Scholarship:

I hereby apply for a scholarship in the amount of
_____ \$250 _____ \$500 _____ Other (please specify)

Planned Program of Classes:

Complete Section 1 if you plan to attend a vocational/technical training institution.
Complete Section 2 if you plan to attend a college or university.
All applicants must complete Section 3.

Section 1: Briefly describe the program which you intend to pursue.

Section 2: Working on a degree? _____ Master's _____ Bachelor's _____ Associate
 _____ Certification _____ Other

Major area(s) of Study: Undergraduate: _____
 Graduate: _____

Name and location of school in which you are presently enrolled:
College/University Name: _____ City/State _____
Department: _____ Name of Major Advisor: _____

Section 3: Planned date of completion or graduation: _____

Attach a copy or transcript of a minimum of one completed course and proof of enrollment or acceptance as a student (See #1 and #3 criteria.)

Application continued on next page

**Washington School Nutrition Association
WSNA Professional Growth Scholarship Application
Page Three of Three**

How do you plan to utilize this training in the school food service industry?

State financial need for this scholarship.

Mail this form to the WSNA Scholarship Chair

WSNA Professional Growth Scholarship

Title: Washington School Nutrition Association Professional Growth Scholarship

Type: Grant of 2 - \$250 or 1 - \$500 scholarship(s) awarded

Criteria/Requirements for WSNA Professional Growth Scholarship:

1. Provide ***proof*** of enrollment or acceptance as a student in a college or university that has a program in Foods and Nutrition or Food Service Management, or a program transferable to a degree-granting institution in these fields or a vocational/technical training institution.
2. Be a current, active member of SNA/WSNA for a minimum of 1 year.
3. Maintain a minimum grade point average of a 2.7 on a 4.0 scale. Applicant must have completed at least one course of the planned program and provide transcript of the same.
4. Indicate evidence of a financial need.
5. Provide a statement of future professional plans.

Scholarship awards will be made at WSNA Annual Conference.

Washington School Nutrition Association Recommended Chapter Job Description

The following responsibilities may be adjusted to meet the needs of your chapter

President

Job Summary: Term of office: 1 year, following year Past President/Historian

The president is the leader of the chapter. The primary function of the President is to see that all elected officers and committee chairs carry out their duties so that the chapter goals are attained.

Duties and Responsibilities:

1. Represent the chapter in policy matters and is the chief spokesperson.
2. Serves as Chair of the Board and Executive Committee.
3. Presides at all meetings.
4. Serves as an ex-officio member of all committees and advisory boards, except the nominating committee.
5. Prepares the agenda for Board and Executive Committee meetings.
6. Appoints and may remove, with approval of the Board, members of committees, the chair and advisory boards.
7. Initiates response to action taken by the Board and the Members.
8. Establishes time schedules for meetings.
9. Initiates and directs the implementation of the Plan of Action.
10. Attend the WSNA State Meetings and Conference.
11. Attends WSNA Invitational Retreat.
12. Submits to WSNA secretary and the Area Representative a list of the newly elected officers within 15 days following chapter election.
13. A delegate at the State House of Delegates at the WSNA Conference.
14. Makes representation appointments as needed for WSNA House of Delegates at State Conference assuring that your chapter has two voting representatives in attendance.

Washington School Nutrition Association Recommended Chapter Job Description

The following responsibilities may be adjusted to meet the needs of your chapter

President Elect or Vice President

Job Summary: Term of office: 1 year, following year as President

The President elect/ Vice President is in training to become the next Chapter president. The Primary function of the President Elect is to plan the program for the current year.

Duties and Responsibilities:

1. Studies the duties and responsibilities of the President, other members of the Board, and Committees.
2. Chair of the Program Committee for the chapter meetings.
3. Attends the WSNA Invitational Retreat
4. Chairs the committee to prepare the Plan of Action for the ensuing year. This plan will be consistent with the WSNA strategic Plan.
5. Represents the chapter at the request of the President.
6. Be a Delegate at the WSNA House of Delegates at the State Conference.
7. Performs the duties of the President in the Presidents absence.
8. Recommends for the approval of the Board, members and chairs of committees for the next year.
9. Responsible for having the Past Chapter Presidents pin at the chapter installation.
10. Responsible for scholarship administration if one is offered within the chapter.
11. Coordinates, develops, and prepares information for the Apple Press about the chapter's activities.

Washington School Nutrition Association
Recommended Chapter Job Description

The following responsibilities may be adjusted to meet the needs of your chapter

Secretary

Job Summary: Term of Office: 2 years or 1 year (if 2 years alternate change of office with Treasurer on alternate years)

Be the recorder for the Chapter. The primary function is to accurately record the Board minutes and maintain permanent record for the chapter.

Duties and Responsibilities:

1. Keep an accurate record of each meeting in the form of minutes. Minutes shall be complete, not brief. All motions in the minutes shall be written in capitals.
2. Keep minutes of Executive Board and Executive Committee meetings.
3. Keep all correspondence.
4. Send minutes, letters to all Board members.
5. Send cards, etc. on behalf of the Board.
6. Keep an up to date roll of the Board members, addresses and telephone numbers of Board members.
7. Collect the names and addresses of chapter officers each year. Maintain an up to date mailing list.
8. Keep a copy of the State Association's and Chapter's bylaws, standing rules, with amendments properly entered.
9. Work on committees as assigned.
10. Notify Executive Board members of upcoming meetings.

Washington School Nutrition Association
Recommended Chapter Job Description

The following responsibilities may be adjusted to meet the needs of your chapter

Treasurer

Job Summary: Term of Office: 2 years or 1 year (if 2 years alternate change of office with Secretary on alternate years)

The treasurer maintains a record of the financial transactions of the Chapter. The primary function of the Treasurer is to insure that all monies are received and dispersed are accounted for an accurate and timely.

Duties and Responsibilities:

1. Shall reconcile all bank accounts
2. Write checks and pay bills as soon as possible.
3. Keep records on computer program when possible.
4. Prepare year end report (September-August) for Fall Board meeting.
5. Present a report at each Board meeting.
6. Prepare proposed budget for the upcoming year.
7. Submits budget to the Board for approval.
8. Notifies officers and committee chairs of budgeted funds.
9. Have Chapter records audited in July of each year.
10. Send Chapter's Tax forms to IRS.
11. Make deposits, maintain investments, and make other timely transactions.
12. File Chapter's non profit form with the state.
13. Shall appoint a member in his/her vicinity as assistant Treasurer, if needed.

**Washington School Nutrition Association
Recommended Chapter Job Description**

The following responsibilities may be adjusted to meet the needs of your chapter

Membership Chair

Job Summary: Term of Office: 1 year or 2 years

Primary responsibility is to maintain accurate records of chapter members, assist members with filing membership applications, new and renewal, directly with SNA. Process membership applications and renewals in a timely manner if required.

Duties and Responsibilities:

1. Maintain accurate chapter membership records.
2. Recruit new members and renewals.
3. Record all membership transactions accurately and regularly.
4. Assist members in submitting new and renewal applications direct to SNA>
5. Submit 100% kitchens and other information for membership awards to State Membership Chair.
6. Verifies voter eligibility at elections during meetings.
7. Collect the names and addresses of chapter officers each year. Maintain an up to date mailing list.
8. Maintain an up to date membership address mail list.
9. Be a resource for members on membership concerns.

**Washington School Nutrition Association
Recommended Chapter Job Description**

The following responsibilities may be adjusted to meet the needs of your chapter

Immediate Past President/Historian

Job Summary: Term of Office: 1 year

Act in an advisory capacity to the Executive Committee and Executive Board. Maintain the Chapter's historical materials. Act as Chapter's liaison to SNA's Child Nutrition Foundation.

Duties and Responsibilities:

1. Attends all Executive Board and Executive Committee meetings.
2. Safely hold and maintain Chapter's historical materials.
3. Updates President's History book before passing it on to the next Immediate Past President.
4. Conveys SNA Child Nutrition Foundation information to membership.
5. Responsible for chapter's WSNA Foundation fund raising.

SNA Awards & Scholarships

*For the latest information about SNA Awards & Scholarships,
go to these web pages:*

SCHOLARSHIPS

[*http://www.schoolnutrition.org/Content.aspx?id=1810*](http://www.schoolnutrition.org/Content.aspx?id=1810)

AWARDS

*Louise Sublette
Heart of the Program
Director of the Year*

[*http://www.schoolnutrition.org/Content.aspx?id=176*](http://www.schoolnutrition.org/Content.aspx?id=176)

CHAPTER HANDBOOK ORDER FORM

If you would like to obtain a hard copy of this document, please fill out the form below and send to:

Washington School Nutrition Association
9116 E. Sprague Ave. #471
Spokane, WA 99206-3601

Please send _____ (number) copy/s of the Chapter Handbook to:

_____ (name)

_____ (street address)

_____ (city, state, zip code)

The requested copy/s of the Chapter Handbook will be sent to you at the above address as soon as possible.