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