Fayette County School Nutrition Association
Judy Hale Memorial Scholarship
Application Deadline: March 05, 2027

Purpose

The Fayette County School Nutrition Association is an organization that promotes Child Nutrition. Our members include child nutrition directors, supervisors, SNS, SNA certified managers, and food service assistants who are employed in our school district.

Annually, Fayette County School Nutrition Association is proud to offer its Judy Hale Memorial School Nutrition Association Scholarships. Scholarship funds are generated through the efforts of our members through fundraising. The winner will be awarded a sum of $1000.00 to be used for educational purposes for the 2027-2028 school year. A winner from Fayette County Public High Schools will be named and awarded the scholarships.

Scholarship Requirements

1. Applicants must be a current high school senior in Fayette County Public Schools. Awarding of Scholarship is contingent upon graduation at the close of the 2026-2027 school year.

2. Applicants must be attending an accredited 2-year or 4-year college/university or a trade school.

3. A complete Fayette County School Nutrition Association application packet, including:
    a. One completed Scholarship application, including student and building administrator signatures.
    b. A list of school and community activities
    c. Essay- 500 words or less-typewritten and double-spaced.

4. A copy of the acceptance letter from the accredited college/university in which the applicant will be enrolled in the fall 2027 term.

5. One (1) letter of recommendation from an academic source.

*Payments will be awarded at the annual, spring, FCSNA Banquet. {Per IRS regulations, as a nonprofit organization, we must receive proof that awards were used for educational purposes only. Proof could include a financial statement from the school, proof of enrollment, or receipt(s) of items purchased for school (books, backpack, pens/pencils, etc.). Documents must be received by September 1, 2027. If documents are not received or funds are not used appropriately, the award must be repaid to the organization no later than October 1, 2027. Please email all documents of proof to: Jane Adams, FCSNA Treasurer: jane.adams@fayette.kyschools.us or FCSNA@outlook.com}

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All materials must be emailed by <u>March 05, 2027.</u>
Bridgett Thomas- FCSNA Parliamentarian
Deep Springs Elementary 859-422-0766
bridgett.thomas@fayette.kyschools.us

Fayette County School Nutrition Association
Scholarship Application
2026-2027

Name: _____

Date:_____

Home Address: _____

City, State: _____ Zip:_____

Telephone: (H)_____ (C):_____

High School: _____

Current G.P.A.: _____

Accredited college/university where you will be enrolled in the Fall 2026:

_____

Expected Major: _____

_____

FOR OFFICE USE ONLY

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Date Received: _____

Approved: Y __ N __

Signature of Receiving Official:

_____

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PART II

Please provide the following: (you may attach additional pages if necessary.)

List all school activities and clubs in which you have participated. Please include grade and position served (if applicable).

List all community activities, including volunteer work, in which you have participated. Please include the year of participation.

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PART III

On a separate sheet of paper, address the following statement in 500 typewritten, double-spaced words or less:

Explain the benefits to students, communities and local businesses if Kentucky passed free breakfast and lunch for all students. Please cite at least three sources. Include your thoughts about free school meals, and how social media and news sources shaped those thoughts.

I certify that the information provided in this application is true and accurate to the best of my knowledge.

_____ _____

Signature of Applicant Date

The above named student is a student of this school, and to the best of my knowledge, intends to enter college in the Fall of 2027. I have no reason to believe that the essay submitted is not the students' own work.

_____ _____

Signature of Principal or Assistant Principal Date

_____

Title/Contact Number

We plan to share photos of recipients. Please initial here _____ if this student has a current media consent form on file approving the use of photos.

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