



The Association of Correctional Food Service Affiliates

2025 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.
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:

- | | |
|--|---|
| <input type="checkbox"/> ACFSA Certified Correctional Foodservice Professional | <input type="checkbox"/> Dietary Manager's Association Certificate or License |
| <input type="checkbox"/> ACFSA Certified Correctional Food Systems Manager | <input type="checkbox"/> Certified Chef |
| <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Other Certification - Specify _____ |

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

- | | | | |
|------------------|--|------------------|--|
| FOOD | <input type="checkbox"/> Final Decision | EQUIPMENT | <input type="checkbox"/> Final Decision |
| (check only one) | <input type="checkbox"/> Strong Influence | (check only one) | <input type="checkbox"/> Strong Influence |
| | <input type="checkbox"/> Limited Influence | | <input type="checkbox"/> 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

MUST BE POSTMARKED OR ELECTRONICALLY TIME-STAMPED BY: MAY 15