



Jill Berni Memorial Scholarship

Application must be Postmarked no later than: May 1, 2022

Jill Berni Memorial Scholarship

Jill Berni was the School Food Service Director for the Maplewood-Richmond Height School District and most recently Dunklin R-V School District. In addition, Jill was an instructor for the network for St. Louis Community Colleges. Jill was passionate about school food service and thought every child deserved a healthy meal. It is with great honor the St. Louis Food & Nutrition Directors Association establishes this scholarship in Jill's memory so her passion for food will continue to grow and flourish in the coming generations.

This scholarship is for any senior high student who will undertake undergraduate study at a vocational/technical institution, community college, college or university. The student must pursue an education in culinary arts, dietetics, food service management or hospitality.

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2021-2022 Jill Berni Memorial Scholarship

St. Louis Food & Nutrition Directors Association

**C/O Ruth M. Mason, Director of Cafeterias
Waterloo Community Unit School District No. 5
200 N Rogers Street
Waterloo, Illinois 62298**

Application Instructions

Important Note – Read and follow all of these instructions carefully. Applications that do not comply with these instructions may be disqualified.

Postmarked by: May 1, 2022

ELIGIBILITY REQUIREMENTS

- The applicant must demonstrate an interest in obtaining an education in culinary arts, dietetics, food service management or hospitality.
- The applicant must be accepted, at a vocational/technical institution, community college, four-year college or university that **offers a program in culinary arts, dietetics, food service management or hospitality.**
- A letter of acceptance must be provided with the application. If the applicant has been accepted to multiple institutions, send the letter from the institution that the applicant is most likely to attend.
- Applicant should have a satisfactory academic record, and must submit a current official transcript from the most recently attended high school indicating a cumulative grade point average.
- All portions of the application must be completed and submitted. It is the responsibility of the applicant to ensure that all portions of the application are received by the deadline. *Applications received after the deadline will not be considered.*

SELECTION CRITERIA

Applicants are evaluated on the following criteria:

- Financial need (for educational purposes)
- Career goals
- Academic achievement
- Recommendations

AWARD INFORMATION

- Scholarship(s) up to \$2,500 will be awarded.
- Scholarships will **only** cover tuition, fees, and books.
- Applications will be reviewed and scholars selected by members of the St. Louis Food & Nutrition Directors Association Executive Board
- Scholarship checks are distributed through the St. Louis Food & Nutrition Directors Association Scholarship Fund, made payable to the scholar's school of choice in c/o the scholar, and mailed directly to the scholar's institution of higher learning.

AWARD NOTIFICATION

All applicant(s) will be notified of their award status by **May 22, 2022.**

APPLICATION PREPARATION

1. **Application** (5 pages, signed on p. 5) – Use a computer or typewriter to complete your form. **Handwritten applications will be disqualified.** Use Times New Roman font and the minimum character size for all responses is 11 point. All responses must be provided in black ink only. Use the official application form or a photocopy of the form. Answer **all** questions. Confine your responses to the space provided. Do not submit additional materials unless otherwise instructed; extra pages or material, such as resumes, certificates, or newspaper clippings will not be read.
2. **Transcript(s) and Course Requirements** – An official transcript from *all* institutions you have attended is required. Transcripts must include a cumulative GPA. If your transcript does not show a cumulative GPA, request that a school official confirm the information on school letterhead with his or her signature.
 - If coursework and grades from a previously attended institution are included on your current institution transcript, you do not need to submit a separate transcript from the previous institution.
 - Additionally, a copy of the course requirements of the culinary, dietetics, food service management or hospitality program you are pursuing is required.
3. **Recommendations** – Two recommendation forms are included with this application packet and must be returned with your application. The Academic Recommendation must be completed by an instructor and advisor who are familiar with your academic work. Allow your recommender at least two weeks to complete your recommendation. Each recommendation should be sealed in an envelope with the recommender's signature written across the seal and returned directly to the applicant for inclusion in the application.
Note: Applications with fewer than 2 recommendations will not be considered.

All selection decisions are final and are not subject to appeal. Applications and support papers become the sole property of the St. Louis Food & Nutrition Directors Association and will not be returned.

POSTMARK DEADLINE

All materials must be **postmarked** in one package by **May 1, 2022**. Applications received in full or part after the deadline may not be considered.

Mail to:

Ruth M. Mason – Director of Cafeterias
Waterloo Community Unit School District No. 5
200 N Rogers Street
Waterloo, Illinois 62298

APPLICATION

Personal Information MUST BE POSTMARKED NO LATER THAN: May 1, 2022

Name: _____
Last First Middle Initial

Street Address: _____

City: _____

State, Zip code: _____

Phone (____) _____

E-mail Address: _____

Award Information

Program Costs

Tuition/Fees \$ _____ Books \$ _____ Total Costs \$ _____

Amount Requested

\$ _____ *Please note that the amount requested cannot exceed \$2500*

Additional Scholarships awarded, indicate the following.

Name of Scholarship Year of Awarded Amount Awarded

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Academic Information

Institution you will attend during the 2022-2023 academic year:

Institution Name: _____

City, State: _____

Degree Type: Bachelor Associate Certificate

Expected graduation date (mm/yy): _____

Cumulative GPA (on a 4-point scale): _____

Educational History: Provide the names, city, and state of High Schools you have attended or are currently attending. List most recent first.

School	Location (City, State)	Years(from/to)	Cumulative GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Association/Volunteer Activity Participation

Activity	Date (mm/yy)	Involvement in the Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay

Indicate your reason(s) for selecting culinary arts, dietetics, food service management or hospitality to study and what you expect to gain from continuing education, long-term professional goals/plans, and other pertinent information that you feel is important. **Responses must be no more than 1000 words, Times New Roman font, single spaced, and font size of 11 point with 1” margins. DO NOT USE ALL CAPS.**

Required Certification and Release – Applicant must read and sign below to be eligible.

Applicant Certification and Release of Information

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified in this application and the accompanying instructions.
- I acknowledge the policy of confidentiality regarding my letters of recommendation
- I hereby authorize the St. Louis Food & Nutrition Directors Association to verify correctness of statements to appraise this application.
- I hereby authorize the St. Louis Food & Nutrition Directors Association to utilize information about and from my application for public relations purposes, publicity, or other scholarship opportunities.

Applicant's signature: _____ **Date:** _____

Application Checklist

Do not staple, bind, or paper clip your application materials.

Application packages must be **Postmarked** no later than **May 1, 2022** and mailed to:

**Ruth M. Mason – Director of Cafeterias
Waterloo Community Unit School District No.5
200 N Rogers Street
Waterloo, Illinois 62298**

Enclose all following items in your application package. Incomplete or late applications may not be reviewed.

Application – 5 pages, fully completed, typed, and signed (no extra pages or attachments unless otherwise specified).

Essay – typed in black ink, Times New Roman font, minimum font size 11 point.

Transcript(s) – See *Application Instructions* for details.

Course Requirements – See *Application Instructions* for details

2 Letters of Recommendation – in sealed envelopes with the recommender's signature written across the seal.

ACADEMIC RECOMMENDATION FORM

Instructions to Applicant

Complete this section before giving this form to an instructor or advisor who is familiar with your academic work. Allow your recommender at least two weeks to complete this form. Your recommender should return the form to you in a sealed envelope, signed across the seal, for you to include with your application materials.

Applicant: _____
Name *City* *State*

High School: _____

Courses taken from the person recommending you, if any:

Course Title	When Taken	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any other personal association you have had with the person recommending you:

Instructions to Recommender

Please complete this form and return it to the applicant in a sealed envelope, with your signature across the seal. The applicant must submit your recommendation as part of his/her completed application materials by the Postmarked deadline May 1, 2022. If you do not know the applicant well or are unable to make a judgment in a particular category, please indicate this. Such frankness will not prejudice the candidate's application for funding.

How long have you known the applicant? _____

In what capacity? _____

What contributions has the applicant made on campus? In the community? _____

Please rate the applicant compared to a representative group of students you have known during your career:

	Superior (Top 1%)	Outstanding (Top 5%)	Excellent (Top 20%)	Good (Top 1/3)	Average/Poor (Lower 1/2)	Unable
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many talented individuals achieve marginal academic records. In your opinion, is the applicant's academic record an accurate index of his or her academic ability? Yes No Do not know
If your answer is no, please explain briefly on the back of this recommendation, giving consideration to the applicant's work schedule and other conflicts.

Recommender's signature: _____ Date: _____

Recommender's name (Please type or print.) _____

Institution: _____ Professional title: _____

ACADEMIC RECOMMENDATION FORM

Instructions to Applicant

Complete this section before giving this form to an instructor or advisor who is familiar with your academic work. Allow your recommender at least two weeks to complete this form. Your recommender should return the form to you in a sealed envelope, signed across the seal, for you to include with your application materials.

Applicant: _____
Name *City* *State*

High School: _____

Courses taken from the person recommending you, if any:

Course Title	When Taken	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any other personal association you have had with the person recommending you:

Instructions to Recommender

Please complete this form and return it to the applicant in a sealed envelope, with your signature across the seal. The applicant must submit your recommendation as part of his/her completed application materials by the Postmarked deadline May 1, 2022. If you do not know the applicant well or are unable to make a judgment in a particular category, please indicate this. Such frankness will not prejudice the candidate's application for funding.

How long have you known the applicant? _____

In what capacity? _____

What contributions has the applicant made on campus? In the community? _____

Please rate the applicant compared to a representative group of students you have known during your career:

	Superior (Top 1%)	Outstanding (Top 5%)	Excellent (Top 20%)	Good (Top 1/3)	Average/Poor (Lower 1/2)	Unable
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many talented individuals achieve marginal academic records. In your opinion, is the applicant's academic record an accurate index of his or her academic ability? Yes No Do not know
If your answer is no, please explain briefly on the back of this recommendation, giving consideration to the applicant's work schedule and other conflicts.

Recommender's signature: _____ Date: _____

Recommender's name (Please type or print.) _____

Institution: _____ Professional title: _____