

Seeking Nominations for WSNA Apple Awards

Nominations Due: June 15, 2024

Please read over the awards and criteria listed below and nominate someone you believe is, a good candidate for the award using the application form. We need to hear from you about outstanding candidates for these awards.

The first two awards are designed for WSNA members working in a school district. The third is for an industry member. The winners of the Golden Apple, Apple Blossom, and Industry Award will receive special recognition in front of their peers at the WSNA Annual State Conference. They will receive an award in recognition of their achievement.

Golden Apple Award

Who is eligible? A certified WSNA member employed in a school district's meal program (all categories of employees except Directors.)

What are the criteria? The candidate demonstrates outstanding leadership and professionalism. A Golden Apples award candidate is a role model and is an inspiration to others in the school food service program, local chapter, or the state association.

Apple Blossom Award

Who is eligible? A WSNA member who has been employed for 5 years or less in a school district's meal program (all categories of employees except Directors.)

What are the criteria? The candidate demonstrates leadership, enthusiasm, and dedication to the school meals program. An Apple Blossom Award candidate is someone who has made a marked difference in the short time they have been involved in the school meal program, local chapter, or the state association and is a source of inspiration to others.

Industry Award

Who is eligible? Any person working in industry who impacts school meals programs.

What are the criteria? The candidate demonstrates outstanding leadership qualities and supports child nutrition programs above and beyond the normal duties of their position.

WSNA Award Nomination Form

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I nominate _____ for the award marked below.

(Check only one using the criteria outlined to determine your choice.)

- Golden Apple Award Apple Blossom Award (5 years or less)
 Industry Award

Candidate's Information

School District:

Job Title:

Address:

City/State/ Zip:

Daytime Phone:

Email:

Please describe in the space below how your nominee demonstrated leadership, enthusiasm, and dedication to the school meals program. How have they been an inspiration or role model to others in the work environment, local chapter, or state association? Describe your nominee's single greatest achievement (please be specific). If applicable, list any community activities or awards they may have received related to Child Nutrition. (Attach additional sheet if necessary).

Your Name/ School District/ Title:

How do we contact you if we have any questions?

Send completed application to: WashingtonSNAInfo@gmail.com

For WSNA use only: WSNA/SNA Membership Number _____

Nominee is certified ____ Yes ____ No