



SCHOOL NUTRITION ASSOCIATION INTERNSHIP PROGRAM

The goal of the School Nutrition Association (SNA) Internship is to provide students with the training and opportunities to pursue a career in the dynamic field of School Nutrition.

School Nutrition Association (SNA) research indicates that a shortage of qualified School Nutrition directors is expected in the very near future. SNA's Internship Program, the first of its kind in the field, has been created to take a proactive approach and encourage the best and brightest to pursue a school nutrition career and to also make internships available to students who have an Associate's Degree or Bachelor's degree in a related field (i.e. dietetics, hospitality, food service management, etc.)

Goals & Objectives of School Nutrition Specialist Internship Program

1. Prepare interns to assume district level/supervisory positions in school nutrition.
2. Prepare interns who can understand and assess the nutritional needs of diverse populations, especially of school-aged children at risk and of limited income.
3. Provide an environment in which interns can appreciate and perform the variety of tasks required for operating successful school foodservice programs.
4. Prepare interns to communicate effectively in interactions with other professionals and stakeholders.
5. Provide interns the comprehensive experience to sit for the SNS Credentialing Exam.

Paradise Valley Unified School District

The Paradise Valley Unified School District is located in 100-square miles of northeast Phoenix and north Scottsdale. With approximately 30,000 students, the district is the seventh-largest in the state of Arizona. The Nutrition & Wellness Department is proud to serve as an important resource for the students, staff and community. The department serves approximately 17,000 meals per day including universal breakfast in the classroom at ten schools. The department employs 100 people and has one registered dietitian and two credentialed School Nutrition Specialists on staff.

The SNS Internship will provide interns with 900 operational hours of experience to satisfy the work requirement to site for credentialing exam. There are two goals for the internship program and nine objectives that align with the SNS exam content areas.

Program Goals and Measurable Outcomes

1. Prepare interns to successfully pass the SNS credentialing exam.
Measurable outcome:
Interns will pass the exam on their first attempt.

2. Prepare interns for supervisory positions in child nutrition.
Measurable outcomes:
 - Based on post-graduate surveys, interns will rate their level of competence as good or excellent.
 - Those graduates actively seeking employment will be employed in the child nutrition industry within twelve months of completing the program.

Intern Objectives

1. Understands how to effectively manage facilities, technology, and equipment related to child nutrition programs.
2. Demonstrates knowledge of the components that make up the child nutrition program budget and how each component impacts the financial success of the program.
3. Demonstrates the ability to develop procedures that ensure quality food production and exceptional customer service.
4. Understands the importance of food safety and sanitation and is able to develop and monitor procedures that ensure safe food production.
5. Understands the concepts of effective human resource management including staff planning, recruiting, hiring, training, and discipline.
6. Demonstrates the ability to communicate positive messages focused on the benefits of the National School Lunch Program and School Breakfast Program.
7. Demonstrates the ability to plan menus that meet USDA regulations and support the operational goals of the child nutrition program.
8. Understands procurement guidelines and how to make purchases that support the goals of the child nutrition program.
9. Demonstrates the knowledge and skills required to manage a child nutrition program that is nutritionally and fiscally accountable.

Internship Requirements

The PVUSD SNS internship program accepts three interns for the 23 week internship. Internship classes start two times per year, in January and July.

The program is full-time, 40 hours per week. Interns are paid a stipend of \$14 per hour every two weeks, totaling approximately \$12,000. Interns must complete all rotations and/or planned experiences for successful completion of the program. Interns must possess a valid driver's license and are responsible for their own health and auto insurance costs. If accepted into the program, applicants must successfully pass a criminal background check.

SNA's Roles & Responsibilities

- Provide the intern with membership in SNA during the term of the internship and access to local, state and national SNA activities and meetings.
- Periodically report to SNA membership and the child nutrition community on a local, state and national level about the internship program, its progress and success.
- Act as a resource to for the intern during the internship.

Intern Responsibilities

- It is expected that the intern be an active member in the local SNA chapter and be available on a periodic basis to share his/her experiences with SNA membership during the course of the internship.
- The intern will be responsible for ensuring all of the requirements are met to successfully pass the SNS credentialing exam.
- Interns are expected to be active learners and assume the major tasks associated with completing their curriculum and planned experiences. At the onset of the internship, the Intern and Internship Program Director will discuss and agree on the schedule. This schedule should be considered a working document to allow maximum flexibility and afford the intern and host institution the best possible experience for both parties. They will follow the schedule in a similar fashion as they would a course outline or syllabus.
- Interns must satisfactorily complete 100% of all rotations and/or planned experiences for successful completion of the program.

School Nutrition Specialist (SNS) Credentialing Exam

SNA's SNS Credentialing Program was created to enhance the professional image of school foodservice and nutrition professionals. SNA believes one of its fundamental purposes is to develop and encourage the highest standards and provide education programs for professional development of school food and nutrition personnel. The SNS Program includes standards for academic and specialized training, knowledge and skills and builds upon standards and plans that have been developed since the founding of SNA in 1946.

The SNA Internship Program of on the job learning experiences and rotations are based on the content areas of the Keys to Excellence and School Nutrition Specialist Credentialing Exam content knowledge areas. At the end of the internship program, interns will meet the 1 year work experience eligibility requirement to sit for the SNS Credentialing Exam and earn the SNS credential upon passing the exam, bypassing the current requirement of at least one year's experience to sit for exam.

For more information on the SNS Credentialing Exam and an updated list of SNS Exam dates and locations please visit www.schoolnutrition.org/sns



School Nutrition Association Internship Program

School Nutrition Association
120 Waterfront Street, Suite 300
National Harbor, MD 20745

Phone: (301) 686-3100 Fax: (301) 686-3115

www.schoolnutrition.org/internship

APPLICATION INSTRUCTIONS

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

How to Get the Application

You may download this application from www.pvschools.net/NutandWell.

Eligibility Requirements

- The applicant must have an Associate's Degree or Bachelor's degree in a related field (i.e. dietetics, hospitality, food service management, etc.)
- Preference will be given to students who demonstrate their interest in school nutrition programs through one or more of the following activities:
 - Work experience/internships in the industry
 - Membership and participation in service organizations/activities related to the school nutrition industry
- All portions of the application must be completed and submitted – see Application Preparation or the Application Checklist for further information. It is the responsibility of the applicant to ensure that all portions of the application are postmarked by the deadline. *Applications postmarked after the deadline may not be considered.*

Selection Criteria

Applicants are evaluated on the following criteria:

- Work experience of at least 2000 hours – 30%
- Personal statement – 30%
- GPA of at least 2.80 – 20%
- Letters of recommendation – 20%

Internship Information

- Interns will receive a stipend during the program. The amount is approximately \$12,000 and will be paid at \$14 per hour every two weeks during the 23 weeks of the program.
- Applications will be reviewed by the department director, two department coordinators, and one advisory board member.
- A 500 word personal statement outlining short and long-term career goals must be sent with your application packet.

Internship Notification

All applicants will be notified by email of their status by **November 15 (January admission) or June 1 (July admission)**.

Application Preparation

1. **Application – Handwritten applications will be disqualified.** The minimum character size for all responses is 11 point. All responses must be provided in black ink only.
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.
3. **Recommendations** – Three recommendations are required and must include a combination of academic and professional references. Recommendation forms are included with this application packet and must be returned with your application. The Academic Recommendation must be completed by an instructor or advisor who is familiar with your academic work. The Professional Recommendation should be completed by a current or former supervisor or employer. Allow your recommenders 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 3 recommendations will not be considered.**

4. **Personal Statement** – Essay should be 500 words and describe your short and long-term career goals.

All selection decisions are final and are not subject to appeal. Applications and support papers become the sole property of the host site and will not be returned.

Postmark Deadline

- All materials must be **postmarked** and mailed in one package by **deadline stated below**.
- Recommendations and transcripts may be sent separately if necessary, but it is the applicant’s responsibility to ensure all pieces are received by the deadline.
- Applications received in full or part with a postmark after the deadline may not be considered.

Mail Completed Applications to:

**Camille Soule, MPH, SNS
Paradise Valley Unified School District
20621 N 32nd Street
Phoenix, AZ 85050**

IMPORTANT! – All written correspondence (e-mail or U.S. mail) to the host site should reference the School Nutrition Specialist Internship Program.

Calendar

Postmark Deadline for Applications	October 31 (January admission) April 30 (July admission)
Notifications	November 15 (January admission) June 1 (July admission)

SCHOOL NUTRITION ASSOCIATION INTERNSHIP PROGRAM APPLICATION

PERSONAL INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

ARE YOU A U.S. CITIZEN? YES NO – U.S. PERMANENT RESIDENT ALIEN NUMBER: _____

Preferred Address: <input type="checkbox"/> School Address <input type="checkbox"/> Permanent Address			
Address While at School		Permanent Home Address (if different)	
Address _____		Address _____	
City _____		City _____	
State _____	Zip Code _____	State _____	Zip Code _____
Phone _____		Phone _____	
Email _____		Email _____	

ACADEMIC INFORMATION

INSTITUTION NAME: _____

CAMPUS: _____ CITY, STATE: _____

ARE YOU CURRENTLY ENROLLED IN THIS INSTITUTION? YES NO

CURRENT YEAR IN SCHOOL: _____ CURRENT DECLARED MAJOR: _____

EXPECTED GRADUATION DATE (MM/YY): ____/____

CUMULATIVE GPA (ON A 4-POINT SCALE): _____ MAJOR GPA (ON A 4-POINT SCALE): _____

PROVIDE THE NAMES, CITY, STATE OF COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING. LIST MOST RECENT FIRST:

SCHOOL NAME	DATES OF ATTENDANCE	MAJOR	DEGREE(S) RECEIVED	DATE RECEIVED

AWARDS, HONORS, AND ACTIVITIES

LIST ANY AWARDS OR HONORS YOU HAVE RECEIVED: _____

LIST ANY STUDENT, COMMUNITY, ATHLETIC, OR OTHER ACTIVITIES YOU HAVE PARTICIPATED, ALONG WITH ANY OFFICES HELD:

ACTIVITY/ORGANIZATION	YOUR ROLE/POSITION HELD	FROM (MM/YY)	TO (MM/YY)	HOURS PER WEEK

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT POSITIONS HELD (SUMMER JOBS, INTERNSHIPS, ETC.) USE AN ADDITIONAL SHEET IF NEEDED:

DATES	COMPANY	DUTIES	SUPERVISOR

APPLICANT ATTESTATION AND RELEASE INFORMATION - PLEASE READ AND SIGN BELOW

- 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, AND I WAIVE MY RIGHTS OF ACCESS TO MY LETTERS OF RECOMMENDATION.
- I HEREBY AUTHORIZE THE HOST SITE TO VERIFY CORRECTNESS OF STATEMENTS AND APPRAISE THIS APPLICATION.
- I HEREBY AUTHORIZE THE HOST SITE TO UTILIZE INFORMATION ABOUT AND FROM MY APPLICATION FOR PUBLIC RELATIONS PURPOSES AND PUBLICITY.

Applicant's Signature: _____ Date: _____

SCHOOL NUTRITION ASSOCIATION INTERNSHIP PROGRAM APPLICATION CHECKLIST

Application packages must be **postmarked** by
October 31 for January admission
April 30 for July admission
and submitted to:

**Camille Soule, MPH, SNS
Paradise Valley Unified School District
20621 N 32nd Street
Phoenix, AZ 85050**

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

- Application** – fully completed, typed, and signed (no extra pages or attachments unless otherwise specified)
- Transcript(s)** – see Application Instructions for details.
- Academic Recommendation(s)** – in sealed envelope with the recommender’s signature written across the seal.
- Professional Recommendation(s)** – in sealed envelope with the recommender’s signature written across the seal.
- Personal Statement** – fully completed, typed, and signed (no extra pages or attachments unless otherwise specified)

SCHOOL NUTRITION ASSOCIATION INTERNSHIP PROGRAM APPLICATION

ACADEMIC RECOMMENDATION FORM

Applicant's First Name: _____ M.I.: _____ Last Name: _____

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 2 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 IN YOUR APPLICATION MATERIALS.

COURSES TAKEN FROM THE PERSON RECOMMENDING YOU, IF ANY:

COURSE NUMBER	COURSE TITLE	DATES TAKEN	GRADE

PLEASE INDICATE ANY OTHER PERSONAL ASSOCIATION YOU HAVE WITH THE PERSON RECOMMENDING YOU: _____

INSTRUCTIONS TO RECOMMENDER - PLEASE COMPLETE THIS SECTION 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 POSTMARK DEADLINE. IF YOU DO NOT KNOW THE APPLICANT WELL OR ARE UNABLE TO MAKE A JUDGEMENT IN A PARTICULAR CATEGORY, PLEASE INDICATE THIS. SUCH FRANKNESS WILL NOT PREJUDICE THE CANDIDATE'S APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

WHAT CONTRIBUTIONS HAS THE APPLICANT MADE ON CAMPUS? IN THE COMMUNITY? _____

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 ½)	UNABLE TO MAKE A JUDGEMENT
INTELLECTUAL ABILITY						
ABILITY TO WORK WITH OTHERS						
LEADERSHIP ABILITY						
PROBLEM-SOLVING SKILLS						
INITIATIVE						
DEPENDABILITY/MATURITY						
OVERALL POTENTIAL						

MANY TALENTED INDIVIDUALS ACHIEVE MARGINAL ACADEMIC RECORDS. IN YOUR OPINION, IS THE APPLICANT'S ACADEMIC RECORD AN ACCURATE INDEX OF HIS/HER ACADEMIC ABILITY? YES NO DO NOT KNOW

IF YOUR ANSWER IS NO, PLEASE EXPLAIN BRIEFLY ON THE BACK OF THIS FORM, GIVING CONSIDERATION TO THE APPLICANT'S WORK SCHEDULE AND OTHER CONFLICTS

RECOMMENDER'S SIGNATURE _____ DATE _____

RECOMMENDER'S NAME (TYPE OR PRINT) _____

EMAIL ADDRESS _____ PHONE NUMBER _____

SCHOOL NUTRITION ASSOCIATION INTERNSHIP PROGRAM APPLICATION

PROFESSIONAL RECOMMENDATION FORM

Applicant's First Name: _____ M.I.: _____ Last Name: _____

INSTRUCTIONS TO APPLICANT - COMPLETE THIS SECTION BEFORE GIVING THIS FORM TO A CURRENT OR FORMER SUPERVISOR/EMPLOYER. ALLOW YOUR RECOMMENDER AT LEAST 2 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 IN YOUR APPLICATION MATERIALS.

PLEASE LIST THE POSITIONS YOU HAVE HELD:

DATES	COMPANY	POSITION	SUPERVISOR

PLEASE INDICATE ANY OTHER PERSONAL ASSOCIATION YOU HAVE WITH THE PERSON RECOMMENDING YOU: _____

INSTRUCTIONS TO RECOMMENDER - PLEASE COMPLETE THIS SECTION 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 POSTMARK DEADLINE. IF YOU DO NOT KNOW THE APPLICANT WELL OR ARE UNABLE TO MAKE A JUDGEMENT IN A PARTICULAR CATEGORY, PLEASE INDICATE THIS. SUCH FRANKNESS WILL NOT PREJUDICE THE CANDIDATE'S APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

WHAT CONTRIBUTIONS HAS THE APPLICANT MADE WHILE EMPLOYED? IN THE COMMUNITY? _____

RATE (✓) THE APPLICANT COMPARED TO A REPRESENTATIVE GROUP OF WORKERS 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 TO MAKE A JUDGEMENT
INTELLECTUAL ABILITY						
ABILITY TO WORK WITH OTHERS						
LEADERSHIP ABILITY						
PROBLEM-SOLVING SKILLS						
INITIATIVE						
DEPENDABILITY/MATURITY						
OVERALL POTENTIAL						

RECOMMENDER'S SIGNATURE _____ DATE _____

RECOMMENDER'S NAME (TYPE OR PRINT) _____

COMPANY _____ TITLE _____

EMAIL ADDRESS _____ PHONE NUMBER _____