

## RUBY GEORGE MEMORIAL SCHOLARSHIP APPLICATION CDM UNIVERSITY PROGRAM & EXAM GRANT APPLICATION

Name:	Phone:
Address:	
Number of years in food service	Number of years present employer
What Dietary Manager program do you pl	an to attend?
Describe your work experience in food ser	rvice, including how you became interested in the profession.
Describe your future professional plans in	the food service field and your commitment of the field.
	employer and/or consultant dietitian is required.)
Application Signature:	Date:
Email to: louisianaanfp@gmail.com or Ma	il Hard copy to attention

LA-ANFP State Treasurer Brenda Grant Kenly

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Rayville, La 71269