

Certificate of Excellence Program Application

Congratulations! You have completed the required training hours to earn a GOALS Certificate of Excellence. To submit your request, complete the form below along with tracking forms, copies of training certificates of attendance, and any other supporting materials such as college transcripts or certificates.

First and Last Name (This is how your name will read on your certificate.)

Name of District or School School Food Authority

Your Phone Number Your Email Address

Preferred Mailing Address (This is where your certificate will be sent.)

City/State/Zip Code

Certificate level you are applying for

 [ ] Director [ ] Short Track for Directors

 [ ] Manager [ ] Short Track for Managers

 [ ] Staff

The Department of Public Instruction is proud of your work in school nutrition, and we are committed to promoting your success as a GOALS certificate recipient. Please indicate below if you give permission to list your name on our Certificate Recipient webpage. A list of certificate holders will be available on the GOALS webpage to recognize your commitment to Wisconsin school children in the school nutrition program.

 [ ] No, do not list my name.

 [ ] Yes, add my name to the list of GOALS certificate recipients.

If you would like your school administrator or supervisor notified that you have earned this certificate, please include their email address on the line below, and we will copy him or her in on the letter congratulating you on your achievement.

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