

# INSTITUTE

## Scholarship Application

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### Personal Information:

Academy Member Number: \_\_\_\_\_ Or check if not a member

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Educational Affiliation:

Dietetic Education Program Type (please check the program where you are currently enrolled:

Coordinated Program \_\_\_\_\_ Dietetic Internship \_\_\_\_\_ Didactic Program \_\_\_\_\_

Name of Program: \_\_\_\_\_

If not currently enrolled, are you planning to enter a Dietetic Internship? \_\_\_\_\_ or Coordinated Program? \_\_\_\_\_

### Education: List all colleges attended or attending, with most recent first

School	Location	Major	GPA*	Degree	Degree Date

\*GPA must be on a 4 point system or converted to a 4 point system

If currently enrolled in a program for which a scholarship is requested, what is the expected date of completion? \_\_\_\_\_

**Work Experience (paid):** List up to 5 positions, with most recent first

Title	Employer	Location	Start date	End date	Estimated total hours worked*
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
<b>Total Hours Worked</b>					

*\*Estimated total hours worked up to scholarship deadline*

**Volunteer Experience (non-paid):** List up to 5, with most recent first

Title	Employer	Location	Start date	End date	Estimated total hours
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
<b>Total Volunteer Hours</b>					

**Community Leadership Activities:** Organizations, offices held, major accomplishments

Activities/Position	Responsibilities	Organization

**College Leadership Activities:** Organizations, offices held, major accomplishments

Activities/Position	Responsibilities	Organization

**Awards/Honors/Scholarships:**

Award/Honor/Scholarship	Date Received	Organization

**Research Activities:**

Research Activity	Organization/School Where Completed

**Other Significant Activities not listed above:**

**Professional Goals:**

Please type a description of your professional career goals in 200 words or less, and then copy and paste it into the box below.

**References:** Please list two references for this scholarship, one being your program director or academic advisor

Name	Title	Organization	Phone

**Certification**

**I certify that all the information on this form is true and complete to the best of my knowledge**

**Electronic Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_