



MICHIGAN NUTRITION AND DIETETICS INSTITUTE

Advancing Dietetics in Michigan Through Scholarships

Scholarship Application

You may attach additional sheets as needed to provide complete information

Personal Information:

Applicant Name: _____

Academy of Nutrition and Dietetics Member Number: _____

Years as an Academy Member: Not currently a member Less than 1 year 1 year or more

Current Address: _____
City State Zip

Permanent Address: _____
City State Zip

Phone: _____ Email Address: _____

Please check all that apply:

- Black or African American White Asian
 American Indian or Alaska Native Hispanic or Latino Other _____
 Prefer not to answer

Special Scholarship Request:

- I am applying for the Dietitians of West Michigan Scholarship, and I meet the criteria.
I am applying for the SW Michigan District Dietetic Association Scholarship, and I meet the criteria.

Educational Affiliation:

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

Coordinated Program Didactic Program Dietetic Internship Graduate Program

Name of Program: _____

If applicable, which program are you planning to attend during the next school year:

Coordinated Program Didactic Program Dietetic Internship Graduate Program

Name of Program: _____

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

Title	Employer	Location	Start Date	End date	Estimated total hours worked*
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
Total Hours Worked					

*Estimated total hours worked up to scholarship deadline

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

Title	Employer	Location	Start Date	End date	Estimated total hours worked*
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
Responsibilities:					
Total Hours Worked					

*Estimated total hours worked up to scholarship deadline

Community or 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

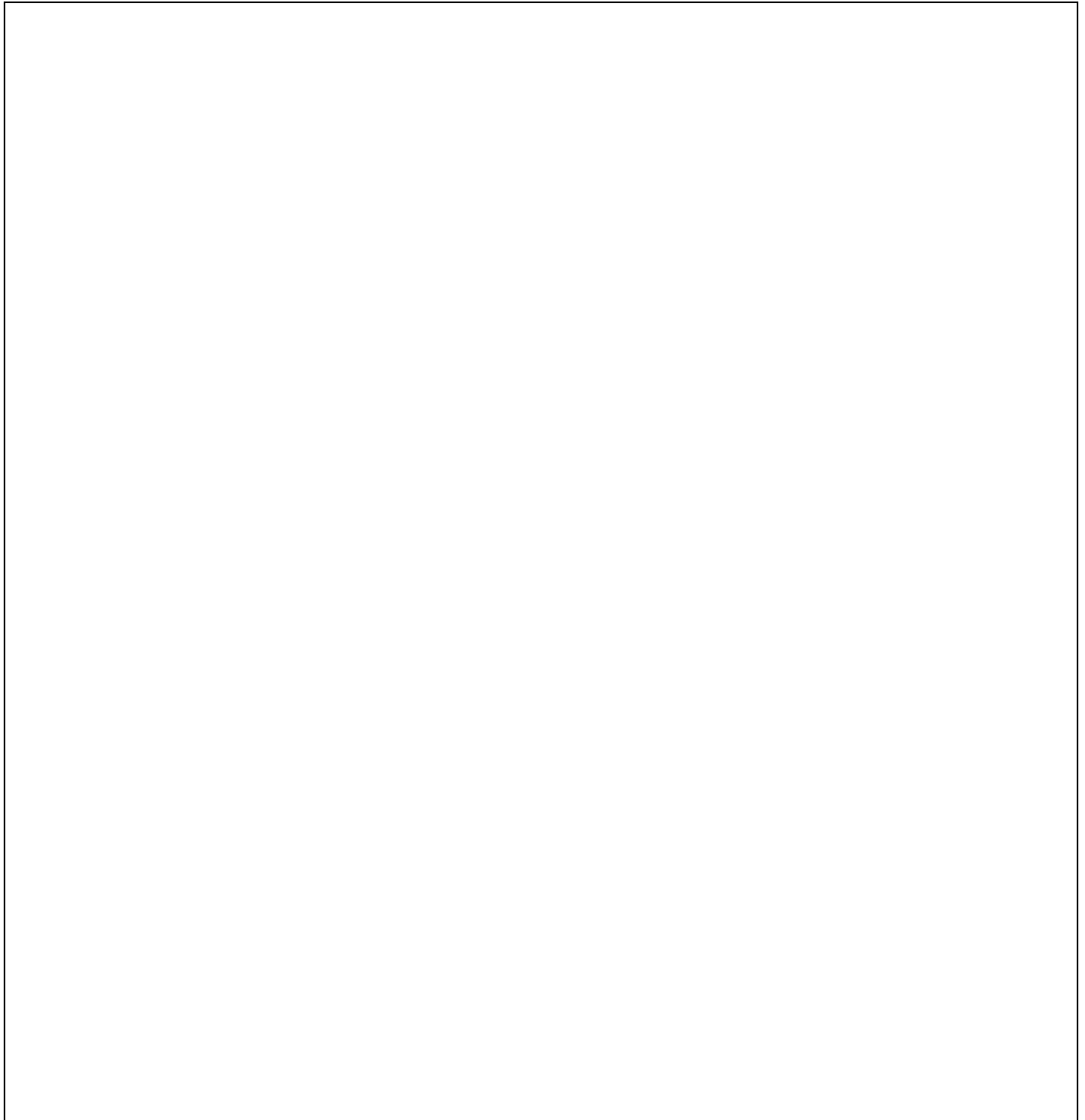
Other Significant Activities Not Listed Above:

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Personal and Professional Statement:

In less than **500 words**, describe your personal and professional goals as they relate to the nutrition and dietetics profession and describe leadership or other experiences that have shaped your goals and demonstrate your ability to succeed in the profession.

If you would like to be considered for one of the scholarships with additional criteria, please include information about how you meet the criteria.

A large, empty rectangular box with a thin black border, intended for the student to write their personal and professional statement. The box occupies most of the lower half of the page.

References: Please list two references for this scholarship, at least one being an academic reference.

Name	Title	Organization	Phone	Email

Certification:

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

Signature: _____ Date: _____