

INSTITUTE

Scholarship Application

You may attach additional sheets as needed to provide complete information

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:					
Total Hours Worked					

**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:					
Total Volunteer Hours					

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:** _____