

## 2017-18 Scholarship Application

Before You Begin

### FOUNDATION SCHOLARSHIP APPLICATION INSTRUCTIONS

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#### Important information before you begin your application.

- Applications must be submitted by Monday, April 17, 2017 at 5 pm Central Time.
- Academy membership is required for all scholarships except the CDR Doctoral and CDR Diversity, for which Academy membership is preferred but not required.
- Applicants must be enrolled in their dietetics program a minimum of four months during the August 2017 -July 2018 academic year.
- Applicants must either provide a faculty member's verification of GPA(s) OR upload transcripts for each college in which they were enrolled for any courses. Find verification form and instructions [here](#)
- All doctoral students must obtain a faculty member's verification for the information they provide related to the GRE examination. Find verification form and instructions [here](#)
- Applications must include TWO completed recommendation forms – one must be completed by a Registered Dietitian/Registered Dietitian Nutritionist.
- The recommendation form and instructions can be found [here](#)
- Applicants should send their recommenders the required form and advise them they will receive an email with a link to upload the recommendation form. The link WILL EXPIRE in 24 hours from when it is sent, therefore applicants should not send the email with link until the recommender is ready to complete the form and upload it.
- Students participating in the dietetic internship computer matching should wait until match results are final before submitting their application.
- Notification of application status will be sent to all applicants in July 2017 via email. Foundation staff cannot provide interim information or feedback on scholarship applications.

**\*\*IMPORTANT\*\*Please read additional scholarship application instructions, tips and frequently asked questions before beginning your application [here](#)**

Personal Data

Personal Information

Prefix

<Select One>

First Name

Last Name

Membership Name

Please provide your full name as it appears in your membership profile.

Legal Address

Note: Correspondence related to the scholarship will be sent to the email or mailing listed in your member profile

City

State

Indicate the state where you are a legal resident.

<Select One>

Zip Code

State of Study

Indicate the state where the the program you are currently enrolled resides.

Phone

E-mail Address

Please provide an email address that will be active in July 2017.

Are you a citizen or permanent resident of the United States?

Enter Academy member number:

Are you a Registered Dietitian?

Registration Number

Are you a Dietetic Technician Registered?

Registration Number

There are selected scholarships that apply to race/ethnicity/gender of the recipient. To be considered for these scholarships, check the following:

I prefer not to disclose this information, and I understand that I, therefore, will not be considered for some scholarships.

No

Gender

Ethnicity

#### Education Information

Education Program Category

Choose a program type and/or degree that best describe the program you will be enrolled in for 2017-2018. Applicant must be enrolled in the program a minimum of four months during the August 2017 - July 2018 academic year.

Degree Type

Program Type (select one)

Colleges and Universities Currently Attending or Previously Attended

List all colleges and universities attended or currently attending, with most recent listed first. Provide cumulative GPA and based on a 4.0 system or converted to a 4.0 system. Contact your school for assistance to facilitate conversion.

School or Dietetic Internship

City and State

Major

GPA

Attendance Dates

Title of Degree

School or Dietetic Internship

City and State

Major

GPA

Attendance Dates

Title of Degree

School or Dietetic Internship

City and State

Major

GPA

Attendance Dates

Title of Degree

School or Dietetic Internship

City and State

Major

GPA

Attendance Dates

Title of Degree

College, University or Dietetic Internship Accepted to/Enrolled in for the 2017-2018 Academic Year

If you are accepted into or already enrolled in the program for which you are requesting a scholarship, please fill out the information below.

school accepted or enrolled 2017

School or Dietetic Internship

City and State

Major

Planned Attendance Dates

2017-2018 Academic Year Enrollment

How many months will you be enrolled in your program during the August 2017–July 2018 academic year?

Will you be attending full- time or part-time?

#### Schools Applied To

If you are not currently enrolled or accepted into the program for which a scholarship is requested, please list all dietetic internships, college(s), or university(ies) applied to or intend to apply to for the 2017-2018 scholarship year. Please note, students participating in the Dietetic Internship Match should wait until match results are final before submitting their scholarship application.

Schools Applied To:

#### Masters and Doctoral Students Only

Master's and doctoral applicants only, select the option that represents your major (limit one):

If you selected "Other " as your major, please specify:

#### GRE Scores, Doctoral Students Only

Doctoral students: Please provide the following information regarding the GRE examination. Verification by a faculty member is required. Please see Faculty Member Verification section below.

Date preliminary examination successfully completed:

Date preliminary examination will be completed by:

Have not taken examination/examination is not required.

No

If available, provide Graduate Record Exam (GRE) scores

GRE Verbal

GRE Analytical

## GRE Quantitative

### Transcripts/Faculty Member Verification

Applicant must either obtain a faculty member's verification using the form found [here](#) GPA(s) OR upload transcripts for each college in which they were enrolled for any courses. All doctoral students must obtain a faculty member's verification for the information they provided related to the GRE examination.

### Transcript OR Faculty member's verification

Upload transcript(s) OR faculty member's verification using the form found [here](#): Please consolidate transcripts so that they are all stored in one file.

Click "upload" once the file has been selected to complete the process.

Doctoral students only, if available, please provide copies of GRE Scores or provide faculty verification using the form found [here](#):

Click "upload" once the file has been selected to complete the process.

There are selected scholarships that have specific criteria. To be considered for these scholarships, answer any of the following questions which apply to you.

Please select any of the following universities or colleges you are currently enrolled in, or a graduate of.

Please select any of the following universities OR internship programs that you are currently enrolled in, or accepted in.

Are you currently a Dietetic Technician Registered (DTR) who graduated with an associate degree from an ASCEND-accredited Dietetic Technician program at a two year community college?

For members of Dietetic Educators of Practitioners only: Do you have experience as an educator in ACEND-approved dietetic education programs, and do your future goals include continuing to work as an educator of dietetic students?

For members of the Pediatric Nutrition Practice Group only: Do you have three or more years of pediatric nutrition practice and research experience?

Do you have an interest in, or experience working in, WIC programs?

For Illinois residents only. Are you a current member of the Chicago Dietetic Association?

For Pennsylvania residents and students only: Are you a returning adult student who has been in the work force at least five years?

For Ohio residents only. Do you reside in the Northwest Ohio Counties of:

### Extracurricular and Career Information

Select your first and second choice professional goals.

Your first drop-down selection will be marked as your first choice, the second drop-down will become your second choice.

Career Goals 1

Career Goals 2

If you selected "Other (99)" as your first or second goal, please specify:

Paid work Experience

Location

Job Title, Employer and Dates Employed

Location

Job Title, Employer and Dates Employed



Location

Job Title, Employer and Dates Employed

Additional Work Experience:

**DPG Membership**

Indicate all DPGs that you are a current member of.

**Professional Memberships and Achievements**

Please provide specific dates for each achievement, etc.

**Volunteer Experience**

Please list volunteer experience, community service and/or extracurricular activities (List dates of participation with most recent first.)

**Publications**

Please list any publications, professional presentations and honors/scholarships (If applicable)

**Most Significant Accomplishment**

Describe your most significant accomplishment related to your dietetics education or career in 100 words or less.

## Professional Goals

Based on the two goals you selected, describe your professional goals in 100 words or less.

## Financial Information

### Financial Information

Briefly describe your personal financial situation:

Amount of student loans

Anticipated Tuition

Please provide details on any additional expenses related to your education?

Please provide details related to your ability to work while enrolled in your program in 100 words or less.

How have you been financing your education thus far? Describe in 100 words or less.

Please list any scholarships, grants and fellowships that you have received in the past five years. Please include amount, source and dates.

State any special personal or family circumstances affecting your need for financial assistance in 100 words or less.

From a financial standpoint, describe the impact a scholarship will have on your education in 100 words or less?

Please provide any additional details related to your financial circumstances in 100 words or less.

#### Certification

I understand that by clicking "Submit" I agree that all of the information in this application is true and complete to the best of my knowledge.

I agree

**\*\*Note\*\*** Prior to submitting your application: your two recommenders must upload their recommendation forms and you must upload a faculty member's verification for GPA(s) OR upload transcripts for each college in which you were enrolled for any courses.