2014-2015 FOUNDATION <u>CDR DOCTORAL</u> SCHOLARSHIP APPLICATION



	DOCTORAL DEGREE —Must have <u>appli</u> in dietetics (as defined in the in the Pro	ed to or be enrolled in a doctoral degree program and intend to practice fessional Development Portfolio). OR
	Must be <u>enrolled in</u> a <u>Dietetic Internsh</u> remainder of the program requirements	tip that is combined with a doctoral program and will be completing the in 2014-2015 academic year.
	Applicant must be enrolled in the progra academic year.	am a minimum of four months during the August 2014 -July 2015
	students for which Academy member Academy of Nutrition and Dietetics, log	r all scholarships except for ten which are awarded to doctoral ership is preferred but not required. To become a member of the on to https://www.eatright.org/myAcademy/join/find.aspx. Membership cademy offices by January 1, 2014 in order for the Academy to process
		st be typed and include all required information. (Handwritten or cessed. Application may be downloaded in a Microsoft Word format from
	The contact information and name on a Please review member profile to ensure	application should match the applicant's Academy member profile. e contact information is accurate.
	is not provided then submit one officia Computer printouts of your grades are transcript(s). Do not submit 5 copies o	ture verifying the GPA(s) and GRE scores. If a faculty advisor signature I transcript for <u>each</u> college in which you were enrolled for any courses. not acceptable. GPA(s) shown on section 3a must match those on the f each transcript. Transcript(s) will not be accepted under separate ceptable. The GRE score is not required if applicant has not taken the
	reference). If an individual wishes his/h and 5 copies in 1 envelope with his/h	st be from a Registered Dietitian (original and 5 copies of each ner reference to be confidential, ask the individual to seal the original ner signature over the seal; this envelope must be given to you to submit ference will not be accepted under separate cover.)
	Statement of Race/Ethnicity (original c	only – no copies necessary)
	complete copies of the signed 2014-20	relope. 6 copies of the application (1 copy with original signatures plus 5 15 Scholarship Application with all required information must be ccepted via electronic transmission or e-mail. Do not include this
	Send by at least first class mail to:	Scholarship Committee Academy of Nutrition and Dietetics 120 South Riverside Plaza, Suite 2000 Chicago, IL 60606-6995
		he application is February 15, 2014. Incomplete applications and riginal signature <u>OR</u> official transcripts as well as late applications will not
<u>Note</u> :		a curriculum vitae/resume is not necessary. No application

You are encouraged to include a \$20 donation for the Academy Foundation. Your tax deductible donation will directly support the Academy Foundation Scholarship Program which helps to ensure that dietetics scholarships will be awarded for years to come. Your donation will in no way affect the status of your scholarship application. Notification of status will be sent to all applicants in June 2014. Staff cannot provide interim information.

FOUNDATION CDR DOCTORAL SCHOLARSHIP APPLICATION 2014-2015^{*}

b. I am a Registered Dietitian

c. I am a Dietetic Technician Registered

				ACADEMY	USE ONLY (do r	ot write in this area)	
				APPL Number			
					PT	SS	
					SR	M	
					MC	CG	
					G	CG	
PL	EA.	SE TYPE A	LL				INFORMATION
(O	nly	application	s that	are <u>typed</u> and	<u>complete</u> wi	II be processed	1)
1.	PE	RSONAL DAT	<u>'A</u>				
	a.	Name: Mr./	Ms				
	Ψ.		_	Last		First	Middle
	b.	Address: (No Member profile		Academy Member, p	olease make sure o	contact information pro	vided below matches your Academy
			_				
	C.	Telephone: F	Present:	_()		Email:	
	d.	Citizen or Per	manent	Resident of the U	nited States:	Yes No	If you checked NO, you are ineligible. DO NOT CONTINUE.
	е.	Indicate the s	tate whe	re you are a legal	resident:	Number	of Years:
2.	<u>AC</u>	ADEMY MEM	BERSHI	P/CREDENTIALI	NG		
	a.	Enter Acader applicable	ny memb	per number if			

No

No

Yes If yes, enter Number

Yes If yes, enter Number

^{*}Applicant must be enrolled in the program a minimum of four months during the August 2014 - July 2015 academic year.

3. EDUCATION

Applicant must be enrolled in the program a minimum of four months during the August 2014 - July 2015 academic year.

3a. List all colleges and universities attended or currently attending, with most recent listed first.

	ool or Dietetic rnship	Location (city state)	<u>&</u>	Major			<u>GPA</u>	•	Dates of Attendance	Title of D Received Receive		
ovide	cumulative GPA and ba	ased on a 4.0 syst	em or co	nverted	to a 4.0 s	ystem. Co	ntact y	our s	school for assistan	ce to facilitat	<u>e</u>	
versi 3b.	on. If you are <u>already</u> and skip section 3d		progra	am for	which y	ou are re	ques	ting	a scholarship	, fill-in 3a, 3	3b, 3c,	
artic	ol or Dietetic Interns cipating in during 20° academic year	hip Location	Majo	<u>r</u>	GPA*	Dates of Attendar			pected date of npletion/gradua	tion_	Title of Degree Received	
3 c. cor	are you attending full further of months er for are not current this section at intend to apply to, or	nrolled in progra ently enrolled nd leave 3b bla	in the p	ugust 2 prograi below	m for wh all diete	n ich a sc l tics intern	holars ships	ship , col	is requested, lege(s), or unive	ersity(ies) a		
10,	intend to apply to, or	accepted into	or the z	2014-20	5.	narsnip ye	ai. C	OHU	inue on another	sneet, ii n	eeaea.	
2.					6.							
3.					7.							
4.					8.							
3d.	List the number (lir	mit one) that re	oresent	s your	major:							
	(1) Clinical Dietetics (2) Food Science/Tec (3) Foodservice Syste (4) Nutrition Educatio (5) Nutrition Science	chnology ems Managemen	(6 (7 t (8	Public) Busin) Highe) Medic	c Health I ess er Educat cine		_	(42)	Health Services Communications Other (specify b	S	ion	
3e.	Provide the follow is not required if a										Score	
	Date preliminary ex	amination succes	sfully co	omplete	d:							
	Date preliminary ex		-									
	Have not taken exa		•	•	ired.							
3f.	If available , provide	e Graduate Red	ord Exa	am (GF	RE) scor	es [*] :						
٠	Verbal:		Quantitat	(01	, 5551							

original signature <u>OR</u> by not be photocopies or of Student" with a colored	verification of GPA and GRE scores listed in 3a, 3b and 3f (above) by obtaining faculty advisor's providing transcript(s) for all colleges attended and copy of GRE results. Transcript(s) must omputer printouts of grades; transcript(s) must be official with an embossed seal or "Issued to stamp or signature. A copy of the GRE score is acceptable.
Faculty Advisor's Name	Title
Ivaille	Title
Institution	Signature

	Job Title	Emp	ployer	Location	Date Mo/Yr-Mo/Yr	Full-time Part- time
- - -						
	PROFESSIONAL MEMBER List organizations and of	fices he		arate page.)		
- - - -						
	DESCRIBE YOUR MOST S	IGNIFI	CANT ACCOMPLISHMEN	NT (<i>50-100 word</i>	ds or less)	
5b. I						
	DPGs: Check (√) all DPGs				p <u>plicable)</u> .	
5c. [DPGs: Check (√) all DPGs		Hunger and Environmental N		School Nutrition Services-	
5c. [Clinica Dietet (for	DPGs: Check (√) all DPGs		Hunger and Environmental N DPG 15 Management in Food and Nu Systems-DPG 41	utrition-	School Nutrition Services- Sports, Cardiovascular an Nutritionists-DPG 33	nd Wellness
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5c. I Clinica Dietet (forn Hea Diabe Dietet 45 Dietet Psy Dietet Reh Dietitia Cor Dietitia Food 46	DPGs: Check (√) all DPGs al Nutrition Management-DPG 44 ics in Healthcare Communities merlyConsultant Dietitians in lth Care Facilities)-DPG 31 tes Care and Education-DPG 23 ic Educators of Practitioners-DPG ic Technicians in Practice-DPG ics in Developmental and chiatric Disorders-DPG 12 ics in Physical Medicine and habilitation-DPG 25 ans in Business and munications-DPG 32 ans in Nutrition Support-DPG 24		Hunger and Environmental N DPG 15 Management in Food and Nu Systems-DPG 41 Medical Nutrition Practice Gre (formerly Dietitians in General Practice)-DPG 27 Nutrition Education for the Pu 52 Nutrition Educators of Health Professionals-DPG 51 Nutrition Entrepreneurs-DPG Nutrition in Complementary C 18 Oncology Nutrition-DPG 20 Pediatric Nutrition-DPG 22	utrition- Intrition Impure It Clinical Impure It Cl	School Nutrition Services- Sports, Cardiovascular an Nutritionists-DPG 33 Vegetarian Nutrition-DPG Weight Management-DF Women's Health and Rep Nutrition-DPG 28 Chinese Americans in D Nutrition Fifty Plus in Nutrition and Filipino Americans in Die Nutrition Latinos and Hispanics in and Nutrition	and Wellness 14 PG 26 productive ietetics and d Dietetics etetics and n Dietetics I Nutrition Blacks in

4. PAID WORK EXPERIENCE (Show volunteer work experience in Section 7)

6.	VOLUNTEER EXPERIENCE, COMMUNITY SERVICE and/or EXTRACURRICULAR ACTIVITIES
	(List dates of participation with most recent first.)

Date(s)	(If more space is needed, attach separate page.)	Course Requirement Yes/No

7. PUBLICATIONS, PROFESSIONAL PRESENTATIONS, AND HONORS/SCHOLARSHIPS (If applicable)

Date(s)	(If more space is needed, attach separate page.)

8. CAREER GOALS

8a. Select your first and second choice professional goals. <u>Type</u> numbers (#1 and #2) in the box to the right of the two professional goals you chose (limit to two).

Clinical Nutrition	Food and Nutrition Management	Community Nutrition	Consultation and Business	Education and Research	Other
Clinical Dietetics (12)	General Dietetics (11)	Nutrition Education (14)	Business (18)	Education (20)	Medicine (19)
Pediatric Nutrition (13)	Clinical Management (16)	Community/ Public Health (15)	Consultant - Health Care Facilities (22)	Research (21)	Government (24)
Gerontolog y (32)	Food Service Systems Management (17)	Sports Nutrition (30)	Consultant - Private Practice (23)		Other (99) Specify below
Diabetes (33)	Commercial Food Service/Culinary Arts (25)	Wellness (31)	Media/ Communications (26)		
Oncology (34)	School Food Service (27)		Information Systems (28)		
HIV-AIDS (35)	Food Technology (29)				

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

8b.	Based on the two goals you selected in 8a, describe your professional goals in 100 words or less.
9.	<u>FINANCIAL</u>
	9a. Will you be attending full-time or part-time?
	oa. v.m. you be alternaming fam anne of part anne
	9b. Briefly describe your personal financial situation.
	Amount of student loans:
	Amount of student loans.
	Anticipated tuitions
	Anticipated tuition:
	Ability to work:
	Special circumstances, if any:
4.0	
10.	<u>REFERENCES:</u> (List names of references included - one must be a Registered Dietitian. Reference letters must be signed.)
	1
	2
11.	CERTIFICATION
	All of the information in this application is true and complete to the best of my knowledge.
	Signature of Applicant Date

FOUNDATION SCHOLARSHIP APPLICATION Statement of Race/Ethnicity/Gender



Selected scholarships designate the race/ethnicity/gender of the recipient. To be considered for these scholarships, check the following:
Check one: Male Female
Check one:
White (Not of Hispanic Origin)
Black or African American
Hispanic or Latino
Asian
American Indian or Alaskan Native
Native Hawaiian or Pacific Islander
OR I prefer not to disclose this information, and I understand that I, therefore, will not be considered for some scholarships.
NAME OF APPLICANT:
SIGNATURE:
DATE: