

# CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION SCHOLARSHIP APPLICATION PROCEDURE

The California Academy of Nutrition and Dietetics Foundation (CANDF) offers a total of eight scholarships annually for dietetic students. Each scholarship award is \$2,000. Scholarships and Criteria are listed on the following pages. Note: A student is not eligible to win the same scholarship two years in a row.

All CANDF scholarships require membership in the Academy of Nutrition and Dietetics, and some require specific California Academy of Nutrition and Dietetics (CAND) District membership as well.

#### **APPLICATION INSTRUCTIONS**

The completed application and supporting materials are to be submitted to the Foundation **by May 1, 2019 at Noon**, via email to <a href="mailto:foundation@dietitian.org">foundation@dietitian.org</a> with SCHOLARSHIP in the subject line. All documents must be in ONE (1) *pdf* file. The *pdf* file should be submitted in the following order:

- 1) Application Form.
- 2) Letter of Application and a Resume from the applicant. The Letter of Application should include a discussion of career goals.
- 3) Current photo. (Optional)
- 4) Financial Information page (part of the application).
- 5) Three completed Recommendation Forms (part of the application) accompanied with Three Letters of Recommendation. Include recommendations from a faculty member, Registered Dietitian and employer (if not employed, submit an additional Recommendation Form and Letter of Recommendation from either of the above). Didactic Program in Dietetics (DPD), Dietetic Technician, Registered (DTR) program and Coordinated Program (CP) applicants should include an additional Letter of Recommendation from their Program Director.
  - References should address the applicant's academic performance and potential for successful practice in dietetics.
  - For a confidential letter, please ask the recommender to email the Recommendation Letter and Recommendation Form directly to foundation@dietitian.org, with the applicant's last name in the subject line.
  - For those applying for the Kara Freeman Leadership Scholarship, be sure to include one letter from an Advisor who can speak to your leadership position(s) held in Department club(s) and your leadership potential.
- 6) Official Transcripts from all schools attended. Transcripts should include grades from the Fall term that has just been completed. Transcript(s) must be included as part of your *pdf* file.
- 7) Diversity Scholarship applicants that are disclosing American Indian/Native American status must send proof of membership in an American Indian tribe which meets the Bureau of Indian Affairs standards.
- 8) Dietetic Internship applicants must provide proof of acceptance to a Supervised Practice Program.

# MAY 1 DEADLINE - Applicants will be notified in June CRITERIA FOR SELECTION

25% Academic ability
25% Financial need
5% Extracurricular activities
15% Letter of application
15% Letters of recommendation

# **CAND Foundation Scholarships & Criteria**

Membership in the Academy of Nutrition and Dietetics is required for all Scholarships

#### Dolores Nyhus Graduate Fellowship Fund

- 1. California resident.
- 2. Bachelor's degree.
- Registered Dietitian (RD) or Dietetic Technician, Registered (DTR) or credential earned minimally within 6 months of the receipt of an award letter.
- Enrolled in or admitted to a graduate school in the area of public health, gerontology, or a community related program beginning within 6 months of receipt of an award letter.
- 5. Minimum of three years of professional experience.
- 6. Intends to practice in the field of dietetics and shows promise of making a substantial contribution to the profession.

#### <u>Carol Hayes Torio Memorial Dietetic</u> <u>Technician Scholarship</u>

- 1. California resident.
- 2. Demonstrated financial need.
- 3. Entering the second year of an accredited Dietetic Technician, Registered (DTR) program or a DTR entering a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP) or an ACEND accredited graduate program.

### Carol Hayes Torio Memorial Scholarship

- 1. California resident.
- 2. Demonstrated financial need.
- Entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA

#### **Diversity Scholarship**

- 1. California resident. American Indian/Native American (proof required), Pacific Islander, African American, Asian, or male.
- 2. Demonstrated financial need.
- Entering first or second year of an accredited Dietetic Technician, Registered (DTR) program or entering at least the second year of an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, a Didactic Program in Dietetics (DPD), or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA.

#### **Consultant Dietitians (CDC) Scholarship**

- California resident.
- 2. Demonstrated financial need.
- 3. Graduate of or currently enrolled in a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA.
- 5. Prior experience in or intends to practice in the field of geriatrics or consulting.

### **Corrine Williams Scholarship**

- 1. California resident.
- 2. Demonstrated financial need.
- Entering first or second year of an accredited Dietetic Technician, Registered (DTR) program or entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA.

#### Jacqueline Saracino Scholarship

- 1. California resident.
- 2. Demonstrated financial need.
- 3. Entering first or second year of an accredited Dietetic Technician, Registered (DTR) program or entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA.
- 5. Member of CAND/Los Angeles District
- 6. Demonstrated community involvement either within or outside the area of nutrition.

#### Kara Freeman Leadership Scholarship

- 1. California resident.
- 2. Demonstrated financial need.
- 3. Entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
- 4. Minimum 3.0 overall GPA.
- Demonstrated leadership by serving as an officer in a Department club (requires letter of recommendation from Advisor) and promise of making a substantial contribution to the profession.

#### **Back to School for Master's Degree**

- 1. California resident.
- 2. Bachelor's degree.
- 3. Registered Dietitian (RD).
- 4. Enrolled in or admitted to a graduate school (proof of enrollment or admission required).
- 5. Minimum of three years of professional experience.
- 6. Intends to continue practicing in the field of dietetics and shows promise of making a substantial contribution to the profession.

# CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION SCHOLARSHIP APPLICATION

# SCHOLARSHIP APPLICATION ✓ TYPE ALL INFORMATION ✓ CHECK SCHOLARSHIP(S) FOR WHICH YOU ARE APPLYING: **Dolores Nyhus Graduate Fellowship Fund** \_\_ Carol Hayes Torio Memorial Dietetic Technician Scholarship \_\_\_\_ Carol Hayes Torio Memorial Undergraduate Scholarship Jacqueline Saracino Scholarship \_\_ Diversity Scholarship Consultant Dietitians (CDC) Scholarship Corrine Williams Scholarship Kara Freeman Leadership Scholarship Back to School for Master's Degree Note: A student is not eligible to win the same scholarship two years in a row. Academy of Nutrition and Dietetics Membership Number: **PERSONAL DATA** NAME: \_\_\_\_\_ First Middle/Maiden PRESENT ADDRESS: Number/Street City State Zip PERMANENT ADDRESS: Number/Street (After June 1<sup>st</sup>) Zip City State Home ( ) PHONE NUMBER: Work (\_\_\_\_\_)\_\_\_\_ Email Current School/Internship program (UC Los Angeles; University of Santa Barbara; CA State Univ, Fresno; etc) yes \_\_\_\_\_ no \_\_\_\_ Citizen of the United States?

If you checked NO, you are ineligible.

DO NOT CONTINUE

Indicate the state where you are a legal resident \_\_\_\_\_ Number of Years: \_\_\_\_\_

## **EDUCATION**

Colleges and Universities (List all attended and presently attending.)

Institution/Address	Degree	GPA*	Major	Date Completed Expected Completion
Overall GPA	_	1	1	

Overall GPA*Note: GPA must b C=2.0, D=1.0, F=0	pe based on the 4.0 sys	tem or con	verted to the 4.0 sys	tem (i.e., A=4.0, B=3.0,
Faculty Signature	(Verification of Student	GPA) _	Name	
		-	Title	<del> </del>
PROFESSIONAL	EXPERIENCE (Relevar	nt Employm	nent History)	
Job Title	Facility/Add	dress	Date of Employmer	Hours/Week

Job Title	Facility/Address	Date of Employment	Hours/Week

## PROFESSIONAL AND VOLUNTEER ACTIVITIES

Organization	Offices/Honors	Major Accomplishments

EXTRACURRICULAR ACTIVITIES/HOBBIES
PROFESSIONAL AND HONORARY MEMBERSHIPS
PUBLICATIONS AND PROFESSIONAL PRESENTATIONS
The Diversity Scholarship requires the disclosure of the ethnicity of the recipient. To be considered for this scholarship, please check the following:  Gender: Female Male
Ethnicity
Asian
American Indian/ Native American
African-American
Hispanic
Pacific Islander

## FINANCIAL INFORMATION

All expenses are to be stated on an annual basis. Please give estimates for "Next Year" (June 2019-May 2020), which is the year of the scholarship.

INCOME	LAST YEAR	NEXT YEAR
Salary	\$	\$
Parental Support	\$	\$
Spousal Support	\$	\$
Grants/Scholarships	\$	\$
Loans	\$	\$
Stipend	\$	\$
Savings	\$	\$
Others ( specify)	\$	\$
Total	\$	\$
EXPENSES	LAST YEAR	NEXT YEAR
Housing	\$	\$
Meals	\$	\$
Transportation	\$	\$
Uniforms/Clothing	\$	\$
Tuition/Books	\$	\$
Insurance	\$	\$
Child Care	\$	\$
Others (specify)	\$	\$
	\$	\$
	\$	\$
Total	\$	\$
Deficit for the Year	\$	\$
Have you applied for other scholarships and		
For Internship applicants:		
When does your internship begin?	end?	
Will you be able to work during the summer p		

## TO THE APPLICANT: PLEASE COMPLETE THE FOLLOWING:

(last, first, middle or maiden)  The applicant should sign and date one of the following statements:  1) I wish to have access to this Recommendation Form and Recommendation Letter and understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this Recommendation Form Recommendation Letter.  Applicant's signature
<ol> <li>I wish to have access to this Recommendation Form and Recommendation Letter and understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this Recommendation Forn Recommendation Letter.</li> <li>Applicant's signature Date</li> <li>I wish this Recommendation Form and Recommendation Letter to be confidential and I hereby waive any and all access rights granted me by the above laws to read this Recommendation Form and Recommendation Letter.</li> <li>Applicant's signature Date</li> <li>In submitting this application for review, I agree:</li> <li>* That the information contained in it is true, to the best of my knowledge.</li> <li>* If I am granted an award, barring any unforeseen circumstances, I will continue my pla study as indicated in the application.</li> </ol>
<ul> <li>I wish this Recommendation Form and Recommendation Letter to be confidential and I hereby waive any and all access rights granted me by the above laws to read this Recommendation Form and Recommendation Letter.</li> <li>Applicant's signature Date</li> <li>In submitting this application for review, I agree:</li> <li>* That the information contained in it is true, to the best of my knowledge.</li> <li>* If I am granted an award, barring any unforeseen circumstances, I will continue my pla study as indicated in the application.</li> </ul>
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<ul> <li>* That the information contained in it is true, to the best of my knowledge.</li> <li>* If I am granted an award, barring any unforeseen circumstances, I will continue my pla study as indicated in the application.</li> </ul>
Application form Current photo (optional) Letter of Application and Resume Financial Statement Three completed Recommendation Forms accompanied with three Letters Recommendation from a faculty member, Registered Dietitian and employed not employed, submit an additional Recommendation Form and Letter of Recommendation from either of the above). Didactic Program in Dietetics (DPD), Dietetic Technician, Registered (DTR) program and Coordinated Program (CP) applicants should include an additional Letter of Recommendation from their Program Director. Official Transcripts from all colleges or universities attended. Proof of membership in an American Indian Tribe, if applicable. Proof of acceptance to a Supervised Practice Program, if applicable. Proof of acceptance to or enrollment in a Graduate Program, if applicable.
Applicant's Signature
All applications must be received, via email as ONE (1) <i>pdf</i> file, no later than Noon May 1, 2019.
Please email applications to: foundation@dietitian.org
If you have questions: foundation@dietitia.org

# Scholarship Recommendation Form Page 1 of 2

Applicant's Name	
Recommenders Name	
Phone	E-mail
Please include your name	and contact information. The Foundation Scholarship Committee
may contact you to verify	the information submitted on this form.
How long have you know	n the applicant?
Dolotionship to Applicant	

Relationship to Applicant?

How would you rate the applicant for each of the following characteristics? Please select the box with the rating that best describes the applicant in each category Legend:

Please rate the applicant on the qualities you feel you can judge on the grid below.

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U – Unsatisfactory

U – Unsatisfactory	0	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge Nutrition Content						
Medical Nutrition Therapy						
Foodservice Management						
Analytical Skills/Problem Solving						
Conceptual Skills						
Communication Skills Oral						
Written						
Interpersonal Skills Peers/Co-Workers						
Teachers/Supervisors						
Leadership Potential						
Initiative/Motivation						
Punctuality						
Adaptability						
Reaction to Stress						
Perseverance						
Creativity						
Organizational Skills						
Works Independently						
Responsibility/Maturity						
Overall Potential as a Dietitian						

# Scholarship Recommendation Form Page 2 of 2

	(200 words or less):		
Describe applicant's areas of i	mprovement (200 words or	less):	
Summary evaluation Overall 8	now would you recommend	the applicant for an Academy	
Summary evaluation. Overall h	now would you recommend	the applicant for an Academy	

Return To Applicant Or Email To <a href="mailto:foundation@dietitian.Org">foundation@dietitian.Org</a> With Applicants Name In The Subject Line by Noon on May 1, 2019