

2012-2013 ADAF SCHOLARSHIP APPLICATION INSTRUCTIONS



120 S. Riverside Plaza
Suite 2000
Chicago, IL 60606

- ADA membership is required for all scholarships except for ten which are awarded to doctoral students for which ADA membership is preferred but not required.** For information on how to become a member of the American Dietetic Association and qualifications, log on to <http://www.eatright.org/students/join/> and click on the "JOIN NOW" tab to access the online Membership application. The Membership application must be received at the ADA offices by **January 1, 2012** in order for ADA to process it and assign a member number.
- 2012-2013 Scholarship Application **must be typed** and include all required information. (Handwritten or incomplete applications will not be processed. Application may be downloaded in a Microsoft Word format from ADA's Web site.
- Check **only 1** education program category on Item 3 of the application. If you are applying to more than one program category, a separate application packet must be submitted for each.
- Obtain a faculty advisor's signature verifying the GPA(s) and GRE scores. If a faculty advisor signature is not provided then submit one **official** transcript for **each** college in which you were enrolled for any courses. Computer printouts of transcripts issued to students are not acceptable. GPA(s) shown on section 4a must match those on the transcript(s). Do not submit 5 copies of each transcript. **Transcript(s) will not be accepted under separate cover.** A copy of the GRE score is acceptable. The GRE score is not required if applicant has not taken the examination.
- Two signed letters of reference – 1 must be from a Registered Dietitian (**original and 5 copies of each reference**). If an individual wishes his/her reference to be confidential, ask the individual to seal the **original and 5 copies in 1 envelope** with his/her signature over the seal; this envelope must be given to you to submit with application packet. (**Letters of reference will not be accepted under separate cover.**)
- Statement of Race/Ethnicity (**original only – no copies necessary**)
- All materials must be mailed in 1 envelope.** 6 copies of the application (1 copy with original signatures plus 5 complete copies of the signed 2012-2013 Scholarship Application with all required information must be included.) The application will not be accepted via electronic transmission or e-mail. **Do not include this checklist with your packet.**
- Send by at least first class mail to:
Scholarships Committee
American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
- The Postmark deadline for submitting the application is **February 15, 2012**. Incomplete or late applications will not be considered.
- Students participating in dietetic internship computer matching must notify the ADA Foundation of the name of the Dietetic Internship (DI) to which accepted. Applicants who fail to provide notification will not be eligible for a scholarship. **Notification must be submitted by either e-mail (scholarship@eatright.org) or fax (312-899-4796) no later than Friday, April 13, 2012. (A form is included with this application for your convenience.)**

Note: Do not submit additional materials; a curriculum vitae/resume is not necessary. No application materials will be returned. You are encouraged to keep a copy for your own records.

You are encouraged to include a \$20 donation for the ADA Foundation. Your tax deductible donation will directly support the ADAF 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 2012. Staff cannot provide interim information.**

3. EDUCATION PROGRAM CATEGORY

Check **only one** box for the program you will be enrolled in for 2012-2013.*

DIETETIC TECHNICIAN PROGRAM

Must be in first year of study in a CADE-accredited Dietetic Technician Program. If selected, the student may use the scholarship for study during the second year.

BACCALAUREATE—DIDACTIC PROGRAM IN DIETETICS

Must have completed academic requirements for a minimum standing as a junior in a CADE-accredited college or university Didactic Program in Dietetics in the 2012-2013 academic year.

COORDINATED PROGRAM IN DIETETICS

Must have completed academic requirements for a minimum standing as a junior in a CADE-accredited college or university Coordinated Program in Dietetics in the 2012-2013 academic year.

DIETETIC INTERNSHIP (CHECK ONLY 1 BOX BELOW)

Must be **applying** to a CADE-accredited Dietetic Internship and be **participating in the April 2012 computer-matching process.****

OR

Must be **applying** to a CADE-accredited Dietetic Internship with a Combined Graduate (Master's/Doctoral) Program and be **participating in the April 2012 computer-matching process.****

OR

Must have **applied to, been accepted to, or currently enrolled** in a CADE-accredited Dietetic Internship and **completing supervised practice experiences**, in the 2012-2013 academic year and **not** be participating in April 2012 computer-matching process.

GRADUATE PROGRAM (CHECK ONLY 1 BOX BELOW)

MASTER'S DEGREE—Must have applied to or be enrolled in a master's degree program and intend to practice in dietetics.

OR

Must already be enrolled in a Dietetic Internship that is combined with a master's program and will be **completing the remainder of the program requirements in 2012-2013 academic year.**

OR

DOCTORAL DEGREE—Must have applied to or be enrolled in a doctoral degree program and intend to practice in dietetics.

OR

Must be enrolled in a Dietetic Internship that is combined with a doctoral program and will be **completing the remainder of the program requirements in 2012-2013 academic year.**

*Applicant must be enrolled in the program a minimum of four months during the August 2012 - July 2013 academic year.

****Note:** If participating in computer matching, applicants must notify the ADA Foundation the name of the Dietetic Internship (DI) to which accepted. Applicants who fail to provide notification will not be eligible for a scholarship. **Notification form must be submitted by either e-mail (scholarship@eatright.org) or fax (312/899-4796) no later than Friday, April 13, 2012.**

4. EDUCATION

4a. List all colleges and universities attended or currently attending, **with most recent listed first.**

<u>School</u>	<u>Location</u>	<u>Major</u>	<u>GPA *</u>	<u>Dates of Attendance</u>	<u>Degree Received</u>

*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.

4b. If you are **already enrolled** in the program for which you are requesting a scholarship, fill-in 4a, 4b, 4c, and skip section 4d.

<u>School or Dietetic Internship</u>	<u>Location</u>	<u>Dates of Attendance</u>

4c. What is the expected date of completion/graduation of program listed in 4b?

	Month	Year
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Are you attending full-time or part-time?

4d. If you are **not currently enrolled** in the program for which a scholarship is requested, you must complete this section and leave 4b and 4c blank. List below all dietetics internships, college(s), or university(ies) applied to, intend to apply to, or accepted into for the 2012-2013 scholarship year. Continue on another sheet, if needed.

1.	5.
2.	6.
3.	7.
4.	8.

4e. Master's and doctoral applicants only must list the number (limit one) that represents your major: _____

- | | | |
|------------------------------------|-----------------------------|-------------------------------------|
| (1) Clinical Dietetics | (6) Public Health Nutrition | (41) Health Services Administration |
| (2) Food Science/Technology | (7) Business | (42) Communications |
| (3) Foodservice Systems Management | (8) Higher Education | (10) Other (specify below) |
| (4) Nutrition Education | (9) Medicine | _____ |
| (5) Nutrition Science | (40) Exercise Physiology | _____ |

4f. Doctoral students only must provide the following information and verification by obtaining faculty advisor's signature:

Date preliminary examination successfully completed: _____

Date preliminary examination will be completed by: _____

Name _____ Title _____

Signature _____

4g. If available, provide Graduate Record Exam (GRE) scores* :

Verbal: _____ Quantitative: _____ Analytical: _____

GRE Test Date: _____

***All applicants: Provide verification of GPA and GRE scores listed in 4a and 4g (above) by obtaining faculty advisor's signature or by providing transcript(s) for all colleges attended and copy of GRE results. Transcript(s) must not be photocopies or computer printouts of grades; transcript(s) must be official with an embossed seal or "Issued to Student" with a colored stamp or signature.**

Faculty Advisor's Name _____ Title _____

Institution _____ Signature _____

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

Job Title	Employer	Location	Date Mo/Yr-Mo/Yr	Full-time Part-time F/P

6a. **PROFESSIONAL MEMBERSHIPS, ACTIVITIES and ACHIEVEMENTS**

(List organizations and offices held)

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

6b. **DESCRIBE YOUR MOST SIGNIFICANT ACCOMPLISHMENT** (50-100 words or less)

6c. **DPGs: Check (✓) all DPGs for which you are a current member only.**

Behavioral Health Nutrition-DPG 12	<input type="checkbox"/>	Hunger and Environmental Nutrition-DPG 15	<input type="checkbox"/>	Sports, Cardiovascular and Wellness Nutrition-DPG 33	<input type="checkbox"/>
Clinical Nutrition Management-DPG 44	<input type="checkbox"/>	Infectious Diseases Nutrition-DPG 29	<input type="checkbox"/>	Vegetarian Nutrition-DPG 14	<input type="checkbox"/>
Dietetics in Health Care Communities (formerly--Consultant Dietitians in Health Care Facilities)-DPG 31	<input type="checkbox"/>	Management in Food and Nutrition Systems-DPG 41	<input type="checkbox"/>	Weight Management-DPG 26	<input type="checkbox"/>
Diabetes Care and Education-DPG 23	<input type="checkbox"/>	Medical Nutrition Practice Group-DPG 27	<input type="checkbox"/>	Women's Health-DPG 28	<input type="checkbox"/>
Dietetic Educators of Practitioners-DPG 50	<input type="checkbox"/>	Nutrition Education for the Public-DPG 52	<input type="checkbox"/>	Chinese Americans in Dietetics and Nutrition	<input type="checkbox"/>
Dietetic Technicians in Practice-DPG 45	<input type="checkbox"/>	Nutrition Educators of Health Professionals-DPG 51	<input type="checkbox"/>	Fifty Plus in Nutrition and Dietetics	<input type="checkbox"/>
Dietitians in Business and Communications-DPG 32	<input type="checkbox"/>	Nutrition Entrepreneurs-DPG 30	<input type="checkbox"/>	Filipino Americans in Dietetics and Nutrition	<input type="checkbox"/>
Dietitians in Integrative and Functional Medicine(FORMERLY Nutrition in Complementary Care)-DPG 18	<input type="checkbox"/>	Oncology Nutrition-DPG 20	<input type="checkbox"/>	Latinos and Hispanics in Dietetics and Nutrition	<input type="checkbox"/>
Dietitians in Nutrition Support-DPG 24	<input type="checkbox"/>	Pediatric Nutrition-DPG 22	<input type="checkbox"/>	Muslims in Dietetics and Nutrition	<input type="checkbox"/>
Food and Culinary Professionals-DPG 46	<input type="checkbox"/>	Public Health/Community Nutrition-DPG 10	<input type="checkbox"/>	National Organization of Blacks in Dietetics and Nutrition	<input type="checkbox"/>
Healthy Aging-DPG 11	<input type="checkbox"/>	Renal Dietitians-DPG 21	<input type="checkbox"/>	National Organization of Men in Nutrition	<input type="checkbox"/>
		Research-DPG 54	<input type="checkbox"/>		
		School Nutrition Services-DPG 42	<input type="checkbox"/>		

7. **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

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

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

9. **CAREER GOALS**

9a. Select your first and second choice professional goals. **Type** 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)	
Gerontology (32)		Food Service Systems Management (17)		Sports Nutrition (30)		Consultant - Private Practice (23)				Other (99) <u>Specify below</u>	
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 _____

9b. Based on the two goals you selected in 9a, describe your professional goals in **100 words or less**.

10. FINANCIAL

10a. Number of months enrolled in program in August 2012–July 2013 academic year _____

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

10b. Briefly describe your personal financial situation.

Amount of student loans:

Anticipated tuition:

Ability to work:

Special circumstances, if any:

11. **REFERENCES:** (List names of references included - one must be a Registered Dietitian. Reference letters must be signed.)

1. _____

2. _____

12. CERTIFICATION

All of the information in this application is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

ADAF 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 (Not of Hispanic Origin)

Hispanic

Asian or Pacific Islander

American Indian, Alaskan Native or Hawaiian Native

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: _____

FOR DIETETIC INTERNSHIP (DI) APPLICANTS ONLY — DI NOTIFICATION FORM

DO NOT SUBMIT THIS FORM WITH YOUR SCHOLARSHIP PACKET

Students who submitted a scholarship application under the DI category and who participated in the April 2012 computer matching process must complete and return this form by **April 13, 2012**. Submit the form via e-mail (scholarship@eatright.org) or fax (312-899-4796).

Students who fail to notify the Scholarship Committee of their acceptance to a DI program will be dropped from the eligible pool of scholarship applicants.

Member ID #	
Name of Student Member	
Member Address	
City/State/Zip	
E-mail or Telephone	

Please check one:

I participated in the April 2012 dietetic internship computer matching and will be enrolled in the following program.

Name of DI program	
Location of DI (city/state)	

I participated in the April 2012 dietetic internship computer matching but I did not receive a match.
I will not be enrolled in a DI for 2012-2013.

If you have any questions, please call the ADA Foundation at 800/877-1600, ext. 1133.