



MIRDA

MOHAWK REGIONAL DIETETIC ASSOCIATION

Scholarship Application

Personal Data

Name _____ Phone (_____) _____

Address _____
Street Apartment / Box Number

_____ City ST Zip Code

Current Events

High School / College _____ GPA _____

Honors Received _____

Extracurricular Activities _____

Organizations / Offices Held _____

Work and Volunteer Experiences

Title	Place	Dates	Paid or Volunteer?	#Hrs/Week
1. _____				
2. _____				
3. _____				

Colleges Applied to or Attending

College	City/State	Major	2 or 4 Year	ADA Y / N
1. _____				
2. _____				
3. _____				

Professional Interest: *Please state your professional goals and reason for your interest in dietetics / nutrition care.*

Reference Evaluations *Have the following two people complete the attached evaluation forms:*
(1) A teacher/professor familiar with your work and (2) A present or past employer (if never employed, use a personal acquaintance, non-relative.)

Verification of Information *I understand that receipt of a scholarship is contingent on verification by letter of an ADA accredited Dietetics / Nutrition Care Program. The above information is factual and I agree to notify you if I wish to withdraw my application.*

Signature _____ **Date** _____

Application Packet Application deadline is May 15. Scholarship winner will be notified by May 31. Presentation will be at the June MRDA Dinner Meeting. Mail application packet to:

Christine Olney, RD, CDN
MRDA Scholarship Chairperson
P. O. Box 0152
Westernville, NY 13486

To request additional packets or for general information call: **315-827-4508 before 8:00 p.m.**