

## 2009-2010 ADAF SCHOLARSHIP APPLICATION INSTRUCTIONS

120 South Riverside Plaza  
Suite 2000  
Chicago, Illinois 60606-6995  
800/877-1600 ext. 4793  
www.adaf.org

- All scholarships require ADA membership.** For information on how to become a member of the American Dietetic Association and qualifications, log on to [www.eatright.org/careers.html](http://www.eatright.org/careers.html) and select the "Students: Why Join ADA" tab on the menu. Membership applications must be received at the ADA offices by **January 1, 2009** in order for ADA to process them and assign member numbers. **Scholarship applications without a member number will not be considered!**
  - 2009-2010 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 the ADA web site. To download the application, go to [www.eatright.org/scholelig.html](http://www.eatright.org/scholelig.html).
  - 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 your grades 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 2009-2010 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 16, 2009**. Incomplete or late applications will not be considered.
  - If participating in computer matching, applicants must notify the ADA Accreditation and Education Programs Team 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 ([education@eatright.org](mailto:education@eatright.org)) or fax (312/899-4817) no later than Monday, April 27, 2009. (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 \$10 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 2009. Staff cannot provide interim information.**

# ADAF SCHOLARSHIP APPLICATION

## 2009-2010\*

ADA USE ONLY (do not write in this area)		
<b>APPL Number</b>	PT _____	SS _____
	SR _____	M _____
	MC _____	CG _____
	G _____	CG _____

### PLEASE TYPE ALL INFORMATION

(Only applications that are typed and complete will be processed)

#### 1. PERSONAL DATA

a. Name: Mr./Ms. \_\_\_\_\_  
Last
First
Middle

b. Member Address: (**Note:** Correspondence related to the 2009-2010 Scholarship will be sent to your member address.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Telephone: Present: (     ) \_\_\_\_\_ Permanent: (     ) \_\_\_\_\_

d. Citizen or Permanent Resident of the United States:  Yes  No

**If you checked NO, you are ineligible.  
DO NOT CONTINUE.**

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

#### 2. ADA MEMBERSHIP/CREDENTIALING

a. Enter ADA member number \_\_\_\_\_

b. I am a Registered Dietitian  No  Yes If yes, enter Number \_\_\_\_\_

c. I am a Dietetic Technician Registered  No  Yes If yes, enter Number \_\_\_\_\_

\*Applicant must be enrolled in the program a minimum of four months during the August 2009 - July 2010 academic year.

### 3. EDUCATION PROGRAM CATEGORY

Check **only one** box for the program you will be enrolled in for 2009-2010.\*

#### DIETETIC TECHNICIAN PROGRAM

Must be in first year of study in a CADE-approved or 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-approved or accredited college or university Didactic Program in Dietetics in the 2009-2010 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 2009-2010 academic year.

#### DIETETIC INTERNSHIP (CHECK ONLY 1 BOX BELOW)

Must be **applying** to a CADE-accredited Dietetic Internship and be **participating in the April 2009 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 2009 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 2009-2010 academic year and **not** be participating in April 2009 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 2009-2010 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 2009-2010 academic year.**

\*Applicant must be enrolled in the program a minimum of four months during the August 2009 - July 2010 academic year.

**\*\*Note:** If participating in computer matching, applicants must notify the ADA Accreditation and Education Programs Team 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 [education@eatright.org](mailto:education@eatright.org) or fax (312/899-4817) no later than Monday, April 27, 2009.**

**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?

List month and year \_\_\_\_\_ 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 2009-2010 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.**

Clinical Nutrition Management —(DPG 44)	<input type="checkbox"/>
Consultant Dietitians in Health Care Facilities—(DPG 31)	<input type="checkbox"/>
Diabetes Care and Education —(DPG 23)	<input type="checkbox"/>
Dietetic Educators of Practitioners —(DPG 50)	<input type="checkbox"/>
Dietetic Technicians in Practice —(DPG 45)	<input type="checkbox"/>
Dietetics in Developmental and Psychiatric Disorders —(DPG 12)	<input type="checkbox"/>
Dietetics in Physical Medicine and Rehabilitation—(DPG 25)	<input type="checkbox"/>
Dietitians in Business and Communications—(DPG 32)	<input type="checkbox"/>
Dietitians in Nutrition Support —(DPG 24)	<input type="checkbox"/>

Food and Culinary Professionals —(DPG 46)	<input type="checkbox"/>
Gerontological Nutritionists —(DPG 11)	<input type="checkbox"/>
HIV/Aids—(DPG 29)	<input type="checkbox"/>
Hunger and Environmental Nutrition —(DPG 15)	<input type="checkbox"/>
Management in Food and Nutrition Systems—(DPG 41)	<input type="checkbox"/>
Medical Nutrition Practice Group (formerly Dietitians in General Clinical Practice)—(DPG 27)	<input type="checkbox"/>
Nutrition Education for the Public —(DPG 52)	<input type="checkbox"/>
Nutrition Educators of Health Professionals—(DPG 51)	<input type="checkbox"/>
Nutrition Entrepreneurs—(DPG 30)	<input type="checkbox"/>
Nutrition in Complementary Care —(DPG 18)	<input type="checkbox"/>

Oncology Nutrition—(DPG 20)	<input type="checkbox"/>
Pediatric Nutrition—DPG 22)	<input type="checkbox"/>
Public Health/Community Nutrition —(DPG 10)	<input type="checkbox"/>
Renal Dietitians—(DPG 21)	<input type="checkbox"/>
Research—(DPG 54)	<input type="checkbox"/>
School Nutrition Services—(DPG 42)	<input type="checkbox"/>
Sports, Cardiovascular and Wellness Nutritionists—(DPG 33)	<input type="checkbox"/>
Vegetarian Nutrition—(DPG 14)	<input type="checkbox"/>
Weight Management—(DPG 26)	<input type="checkbox"/>
Women’s Health and Reproductive Nutrition—(DPG 28)	<input type="checkbox"/>



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

**10. FINANCIAL**

10a. Number of months enrolled in program in August 2009 – July 2010 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 \_\_\_\_\_

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**ADAF SCHOLARSHIP APPLICATION**  
**Statement of Race/Ethnicity/Gender**



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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 2009 computer matching process must complete and return this form by **April 27, 2009**. Submit the form via e-mail ([education@eatright.org](mailto:education@eatright.org)) or fax (312/899-4817).

**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 2009 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 2009 dietetic internship computer matching but I did not receive a match. I will not be enrolled in a DI for 2009-2010.

If you have any questions, please call the Education Team at 800/877-1600, ext. 5400.