



## Kansas Academy of Nutrition and Dietetics Foundation Practitioner Career Development Grants

### Is there an activity you would like to pursue to enhance your career?

This grant opportunity is available for application by practicing RDNs and NDTRs who are members in good standing of the Kansas Academy of Nutrition and Dietetics who want to expand their expertise or earn specialty certifications.

A grant may be requested at any time during the fiscal year for educational opportunities not related to obtaining a degree that contribute to knowledge and skill development to advance career, qualify for a new job opportunity, and/or contribute qualifications for application for a specialist certification. Examples of educational activities include:

- Certificate of Training from the Academy of Nutrition and Dietetics or other recognized educational or professional organizations in the practice/focus area e.g., ASPEN
- Continuing education webinars, e.g., Academy, ASPEN, International Association of Eating Disorders Professionals, National Association for Healthcare Quality, or culinary education programs.
- The Academy Leadership Institute or other management or leadership programs
- Contribute support for participation in a virtual or in person Academy Advocacy Summit in Washington, DC.

Grants will be made based on the cost of the educational program, not to exceed \$150 per individual in a five-year period. Applications will be submitted to the KSAND Awards Committee Chair at [AwardsChair@eatrightks.org](mailto:AwardsChair@eatrightks.org) who will notify the recipient and treasurer of grants given. When possible, checks will be made to the sponsoring organization. When payment is required with application to the program or for online payment, the recipient will be reimbursed the amount of the grant once documentation of the payment is received by the Awards Committee Chair. Upon completion of the program supported by the grant, the recipient is to provide documentation of course completion to the Awards Committee Chair.

The amount of the initial grant is \$2,000. It is the hope of the donor that other KSAND members might donate to perpetuate this fund. Grants will be awarded to qualified members as long as funds are available.

## PRACTITIONER CAREER DEVELOPMENT GRANTS!

GRANT AMOUNT:  
UP TO \$150

### Grant Criteria

- Must be a member of KSAND to apply
- Must be a qualifying educational opportunity during the fiscal year
- The educational activity cannot be towards obtaining a degree
- Students and interns are not eligible for this grant-see student scholarship

### Grant Recipients

- Must submit documentation of proof of purchase
- Must submit documentation of course completion within 30 days of completing the educational activity

**If you have questions, please  
contact the Awards Chair:  
[AwardsChair@eatrightks.org](mailto:AwardsChair@eatrightks.org)**



## Kansas Academy of Nutrition and Dietetics Practitioner Career Development Grant Application Form

**KSAND Member Name:**

**Academy Membership Number:**

**Home Address:**

**Phone Number:**

**Email:**

**Educational Activity:** (Include the name and a description of the educational activity)

**Date of Educational Activity:**

**Cost of Educational Activity:** (Include a detailed summary of anticipated expenditures)

**Educational Activity Provider:** (company, association, or individual)

**Letter of Intent:** Write a one-page letter (Arial 12-point font, double spaced) to describe how this educational activity will contribute to the knowledge and skill development to advance your career, qualify for a new job opportunity, and/or contribute qualifications for a specialist certification.

**Resume:** (Please attach)

**Certification:** I certify that I have not received the Kansas Academy of Nutrition and Dietetics Foundation Practitioner Career Development Grant within the past five years. I understand that if the course is not completed by the grant recipient, all funds received must be returned to KSANDF so that others may benefit from the grant. All of the information in this application is true and completed to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send to KSANDF Awards Chair: [AwardsChair@eatrightks.org](mailto:AwardsChair@eatrightks.org)  
Email subject: KSANDF PCD Grant Application

**KANSAS ACADEMY OF NUTRITION AND DIETETICS**  
**CHECK REQUEST FORM**

Date: \_\_\_\_\_

|                       |  |                         |  |
|-----------------------|--|-------------------------|--|
| <b>Payable To:</b>    |  | <b>Amount of Check:</b> |  |
|                       |  | <b>Mail Check to:</b>   |  |
|                       |  |                         |  |
| <b>EIN/SS#</b>        |  |                         |  |
| <b>In Payment of:</b> |  |                         |  |

**Requested By:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

**Instructions**

Complete the check request form.

If you are personally getting reimbursed, you must provide your social security number OR EIN number and the name of the business.

Send Check Request form to the KSANDF Awards Chair at [AwardsChair@eatrightks.org](mailto:AwardsChair@eatrightks.org)

If you are providing your personal social security number on this form, you can mail to:

Kansas Academy of Nutrition and Dietetics Foundation  
809 SE 11<sup>th</sup> Terrace  
Lee's Summit, MO 64081