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**Affiliate Award Application**

**Please check which award you are applying for:**

Recognized Young Dietitian of Year \_\_\_

Emerging Dietetic Leader \_\_\_

Recognized Dietetic Technician of Year \_\_\_

Distinguished Dietitian of the Year \_\_\_

**APPLICATIONS ARE DUE:** February 5th, 2021

**Please send completed Form and Resume:**

KSANDF Awards Chair: Amber Howells

Electronic Submission: [awardschair@eatrightks.org](file:///C%3A%5CUsers%5Cdirec%5CDownloads%5Cawardschair%40eatrightks.org)

**Please provide the following information.**

|  |  |
| --- | --- |
| Academy Membership # |  |
| District Association |  |
| First Name |  |
| Middle Initial |  |
| Last Name |  |
| Credentials |  |

**Address**

|  |  |
| --- | --- |
| Street |  |
| City/State |  |
| Zip |  |
| Email Address |  |

**Education**

|  |  |
| --- | --- |
| Institution Name |  |
| City/State |  |
| Highest Degree Completed |  |
| Date of Completion |  |

**Current Education in Process**

|  |  |
| --- | --- |
| Institution Name |  |
| City/State |  |

**Current Employment**

|  |  |
| --- | --- |
| Place of Employment |  |
| Job Title |  |

**Work Experience**

**Must attach resume – please add additional pages/spaces as needed. Please list all leadership positions, committees, & other experience. Include activities conducted at each level of leadership (ex. Committee activities, items published, speaking engagements, teaching, attendance of meetings)**

**DEMONSTRATED LEADERSHIP** (Please indicate and consider the following areas in your comments: Career Guidance, Education, Legislation, Management, Clinical Dietetics, Public Relations, Research and Community)

|  |  |  |
| --- | --- | --- |
|  | **AREA** | **DATE** |
| 1. **Academy of Nutrition and Dietetics**
 |  |  |
| 1. **State Affiliate**
 |  |  |
| 1. **District Association**
 |  |  |
| 1. **Other Professional Associations**
 |  |  |
| 1. **Community Involvement**
 |  |  |
| 1. **Other Comments**
 |  |  |

**Certification**

**All of the information in this application is true and completed to the best of my knowledge. Use of this information by the Kansas Academy of Nutrition and Dietetics and the Academy of Nutrition and Dietetics is approved:**

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_