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**Student Scholarships**

**Announcement of Scholarship Award:** The Kansas Academy of Nutrition and Dietetics Foundation (KSANDF) will award the Vaden, McCollum, and Carrol Niles Henderson Scholarships at the annual meeting of the affiliate.

**Deadline:** Application packet must be emailed to Awards Committee Chair by:

***February 5th, 2021*.**

**Note:** Incomplete or late applications will not be considered. Recipients will be

notified in March**.** Scholarship recipients will receive: complimentary registration to annual conference, complimentary meal at annual conference, certificate, and corsage.

**Eligibility:**

**McCollum Scholarship**

* Member of the Academy of Nutrition and Dietetics and Kansas designated affiliate.
* Junior or senior student in an ACEND Coordinated Program in Dietetics in Kansas; OR
* Junior or senior student with a declared major in dietetics in an undergraduate program at a Kansas college or university (includes food and nutrition major who intends to pursue a dietetic internship).

**Vaden Scholarship**

* Students accepted for an Academy-approved internship who is a graduate of a Kansas college or university; OR
* Graduate student enrolled in a supervised practice program in Kansas; OR
* Graduate student in a Kansas college or university with the intent of practicing dietetics. Student must be enrolled in an academic program for the following academic year.

**Carrol Niles Henderson Scholarship**

* Member of the Academy of Nutrition and Dietetics and Kansas designated affiliate.
* Undergraduate or graduate student with the intent of practicing dietetics. Student must be enrolled in an academic program for the following academic year.

**Scoring:**

Applications are scored on:

* Academic Achievement: (10 pts)
* Professional Promise:
	+ Personal Letter (10 pts) – goals and plan for attaining goals
	+ Faculty Evaluation (10 pts) – letter indicating professional promise
	+ Leadership in Dietetics (up to 40 pts total): work experience, professional memberships and activities, leadership in organizations, awards and honors, community service and other extracurricular activities, presentations/publications, and other involvement with an emphasis on dietetics.
* Financial Need (10 pts)

**Scholarship application packet to include:**

* Completed application form
* GPA Verification Form
* One-page letter, double spaced, Times New Roman 12pt font from the applicant addressing the following:
* short-term and long-term goals
* plan for attaining goals
* Recommendation letter from faculty member indicating professional promise emailed directly to the Awards Committee Chair.
* E-mail the completed scholarship application packet to the Awards Chair:

**Amber Howells, PhD, RDN, LD**

Awardschair@eatrightks.org

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**Scholarship Application**

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

Vaden\_\_\_\_\_ McCollum\_\_\_\_\_ Carrol Niles Henderson\_\_\_\_\_

**APPLICATIONS ARE DUE:** February 5, 2020

**Send completed form, GPA Verification Form, personal statement, letter of recommendation to:**

KSANDF Awards Committee Chair: Amber Howells

*geist78@ksu.edu*

**Check only one category for the program you will be enrolled in for 2021.**

\_\_\_ A junior or senior student in an ACEND coordinated program in Dietetics in Kansas.

 \_\_\_ A junior or senior student with a declared major in dietetics in an undergraduate program in Kansas (Foods and Nutrition major who intends to pursue a dietetic internship)

 \_\_\_ A student accepted for AND-accredited internship who is a graduate of a Kansas college or university or who is enrolled in an internship in Kansas.

 \_\_\_ A graduate student in a Kansas college or university with the intent of practicing dietetics and enrolled in an academic program for the following academic year.

\_\_\_ An undergraduate or graduate student with a declared major in dietetics (or Foods and Nutrition major who intends to pursue a dietetic internship) but not enrolled at a university in Kansas.

*PLEASE PROVIDE ALL INFORMATION BY WORD PROCESSING THE FORM (PLEASE ADD ADDITIONAL SPACE AS NEEDED) OR BY HAND PRINTING IN BLOCK LETTERS*.

1. **Personal Data**

**Please provide the following information.**

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

**Present Contact Information**

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

**Permanent Contact Information**

|  |  |
| --- | --- |
| Street |  |
| City/State |  |
| Zip |  |
| Email Address |  |
| Current KS Resident | Yes\_\_\_\_\_ No \_\_\_\_\_ Distance Program\_\_\_\_\_ |
| Citizen or Permanent Resident of US | Yes\_\_\_\_\_ No \_\_\_\_\_ |

**Academic Institution Scholarship to be submitted to**

|  |  |
| --- | --- |
| Institution Name |  |
| Address of Financial Aid Office  |  |
| City/State |  |
| Zip |  |
| Student ID # |  |

**2. Education (include GPA Verification Form with application)**

a. List all colleges and universities attended or attending, with most recent, first.

\*GPA must be based on a 4.0 system or converted to a 4.0 system.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Location** | **Degree Received** | **Major GPA** | **Dates of Attendance** |
|  |  |  |  |  |
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|  |  |  |  |  |

b. If currently enrolled in the program for which a scholarship is requested, what is the expected date  of complete/graduation? List month and year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you attending: \_\_\_\_\_ Full Time\_\_\_\_\_ Part-Time # of hours currently enrolled\_\_\_\_\_

**3. Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Employer** | **Location** | **Dates** |
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**4. Organizational Memberships and Activities** – include dietetic affiliations and other related organizations (List organizations, offices held, activities, honors & awards received, major accomplishments)

**5. Volunteer Experience, Community Service and/or other Extracurricular Activities related to the field of Dietetics & Nutrition** - List what you did, for whom and when

**6. Publications, Professional Presentations, Honors/Scholarship** (If applicable)

**7. Personal Statement of Financial Need**

1. Amount of student loans:
2. Anticipated tuition:
3. Ability to work:
4. Special circumstances, if any:

Briefly describe your personal financial situation and how the Kansas Academy of Nutrition and Dietetics Foundation scholarship will help you further your career in the field of dietetics and nutrition:

**8. Certification**

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

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

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GPA Verification Form

This form is to be completed by the applicant’s dietetic internship program director or university advisor to verify that the GPA information provided below for *(insert applicant name)* is correct and matches the GPA information the applicant provided on their Kansas Academy of Nutrition and Dietetics Foundation Scholarship Application.

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL** | **GPA** | **DATES OF ATTENDANCE** | **DEGREE RECEIVED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Provide cumulative GPA based on a 4.0 system or converted to a 4.0 system. Contact your school to further assist with conversion to 4.0 scale.

Signature:

Name:

Title and College or University:

Phone:

Email:

*The KSANDF Awards Committee may contact you for to verify the information submitted on this form.*

*The completed form should be returned to the applicant so he or she can submit the scholarship application.*

Please contact the KSANDF Awards Committee Chair, Amber Howells, with questions at: Awardschair@eatrightks.org

Thank you for your assistance!