



**CALIFORNIA ACADEMY OF
NUTRITION & DIETETICS FOUNDATION**

CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION SCHOLARSHIP APPLICATION PROCEDURE

The California Academy of Nutrition and Dietetics Foundation (CANDF) offers a total of eight scholarships annually for dietetic students. Each scholarship award is \$2,000. Scholarships and Criteria are listed on the following pages. Note: A student is not eligible to win the same scholarship two years in a row.

All CANDF scholarships require membership in the Academy of Nutrition and Dietetics, and some require specific California Academy of Nutrition and Dietetics (CAND) District membership as well.

APPLICATION INSTRUCTIONS

The completed application and supporting materials are to be submitted to the CAND Central Office **by June 1, 2018**, via email to Pat Smith (scholarships@dietitian.org) with SCHOLARSHIP in the subject line. All documents must be in ONE (1) **pdf** file. The **pdf** file should be submitted in the following order:

- 1) Application Form.
- 2) Letter of Application and a Resume from the applicant. The Letter of Application should include a discussion of career goals.
- 3) Financial Information page (part of the application).
- 4) Three completed Recommendation Forms (part of the application) accompanied with Three Letters of Recommendation. Include recommendations from a faculty member, Registered Dietitian and employer (if not employed, submit an additional Recommendation Form and Letter of Recommendation from either of the above). Didactic Program in Dietetics (DPD), Dietetic Technician, Registered (DTR) program and Coordinated Program (CP) applicants should include an additional Letter of Recommendation from their Program Director. Applications without the required number of recommendation letters and recommendation form will not be accepted.
 - References should address the applicant's academic performance and potential for successful practice in dietetics.
 - For a confidential letter, please ask the recommender to email the Recommendation Letter and Recommendation Form directly to scholarships@dietitian.org, with the applicant's last name in the subject line.
 - For those applying for the Kara Freeman Leadership Scholarship, be sure to include one letter from an Advisor who can speak to your leadership position(s) held in Department club(s) and your leadership potential.
- 5) Official Transcripts from all schools attended. Transcripts should include grades from the Fall term that has just been completed. Transcript(s) must be opened and included as part of your **pdf** file.
- 6) Diversity Scholarship applicants that are disclosing American Indian/Native American status must send proof of membership in an American Indian tribe which meets the Bureau of Indian Affairs standards.
- 7) Dietetic Internship applicants must provide proof of acceptance to a Supervised Practice Program.

June 1 DEADLINE - Applicants will be notified in June CRITERIA FOR SELECTION

25%	Academic ability	15%	Work or volunteer experience
25%	Financial need	5%	Extracurricular activities
15%	Letter of application	15%	Letters of recommendation

CAND Foundation Scholarships & Criteria

Membership in the Academy of Nutrition and Dietetics is required for all Scholarships

<p style="text-align: center;"><u>Dolores Nyhus Graduate Fellowship Fund</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Bachelor's degree. 3. Registered Dietitian (RD) or Dietetic Technician, Registered (DTR) or credential earned minimally within 6 months of the receipt of an award letter. 4. Enrolled in or admitted to a graduate school in the area of public health, gerontology, or a community related program beginning within 6 months of receipt of an award letter. 5. Three to five years of professional experience. 6. Intends to practice in the field of dietetics and shows promise of making a substantial contribution to the profession. 	<p style="text-align: center;"><u>Diversity Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. American Indian/Native American (proof required), Pacific Islander, African American, Asian, or male. 2. Junior or Senior student accepted into an accredited Dietetic Technician, Registered (DTR) program, Didactic Program in Dietetics (DPD) or Coordinated Program (CP), or to an accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 3. Minimum 2.75 GPA in didactic courses for the DPD, CP, or Supervised Practice Program. Minimum "B" average for high school coursework or 2.75 overall college GPA for DTR applicants.
<p style="text-align: center;"><u>Carol Hayes Torio Memorial Dietetic Technician Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Demonstrated financial need. 3. Entering the second year of an accredited Dietetic Technician, Registered (DTR) program or a DTR entering a Didactic Program in Dietetics (DPD) or Dietetic Internship. 	<p style="text-align: center;"><u>Consultant Dietitians (CDC) Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Graduate of or currently enrolled in a Didactic Program in Dietetics (DPD). 3. Accepted to an accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Interested in geriatrics or consulting.
<p style="text-align: center;"><u>Carol Hayes Torio Memorial Undergraduate Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Demonstrated financial need. 3. Entering at least the second year of an accredited Coordinated Program (CP) or Didactic Program in Dietetics (DPD), or accepted to an accredited Supervised Practice Program beginning within 6 months of receipt of the award letter. 	<p style="text-align: center;"><u>Corrine Williams Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Demonstrated financial need 3. Entering first or second year of an accredited Dietetic Technician, Registered (DTR) program or entering at least the second year of an accredited Coordinated Program (CP) or Didactic Program in Dietetics (DPD), or accepted to an accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
<p style="text-align: center;"><u>Jacqueline Saracino Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Accepted to an accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 3. <i>Member of CAND/Los Angeles District.</i> 4. Demonstrated community involvement either within or outside the area of nutrition. 5. Minimum 3.0 GPA in didactic courses. 	<p style="text-align: center;"><u>Kara Freeman Leadership Scholarship</u></p> <ol style="list-style-type: none"> 1. Graduated from or currently attending a California college or university. 2. Minimum 3.0 overall GPA in undergraduate dietetic coursework 3. Accepted to an accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Demonstrated leadership by serving as an officer in a Department club (requires letter of recommendation from Advisor) and promise of making a substantial contribution to the profession.

EDUCATION

Colleges and Universities (List all attended and presently attending.)

Institution/Address	Degree	GPA*	Major	Date Completed Expected Completion

Overall GPA _____

*Note: GPA must be based on the 4.0 system or converted to the 4.0 system (i.e., A=4.0, B=3.0, C=2.0, D=1.0, F=0)

Faculty Signature (Verification of Student GPA)

Name_____
Title**PROFESSIONAL EXPERIENCE** (Relevant Employment History)

Job Title	Facility/Address	Date of Employment	Hours/Week

PROFESSIONAL AND VOLUNTEER ACTIVITIES

Organization	Offices/Honors	Major Accomplishments

EXTRACURRICULAR ACTIVITIES/HOBBIES

PROFESSIONAL AND HONORARY MEMBERSHIPS

PUBLICATIONS AND PROFESSIONAL PRESENTATIONS

The Diversity Scholarship requires the disclosure of the ethnicity of the recipient. To be considered for this scholarship, please check the following:

Gender: Female _____ Male _____

Ethnicity

- _____ Asian
- _____ American Indian/ Native American
- _____ African-American
- _____ Hispanic
- _____ Pacific Islander

FINANCIAL INFORMATION

All expenses are to be stated on an annual basis. Please give estimates for "Next Year" (June 2018-May 2019), which is the year of the scholarship.

INCOME	LAST YEAR	NEXT YEAR
Salary	\$ _____	\$ _____
Parental Support	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____
Grants/Scholarships	\$ _____	\$ _____
Loans	\$ _____	\$ _____
Stipend	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Others (specify)	\$ _____	\$ _____
Total	\$ _____	\$ _____

EXPENSES	LAST YEAR	NEXT YEAR
Housing	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Uniforms/Clothing	\$ _____	\$ _____
Tuition/Books	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Others (specify)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total	\$ _____	\$ _____
Deficit for the Year	\$ _____	\$ _____

Have you applied for other scholarships and loans? If yes, which ones?

For Internship applicants:

When does your internship begin? _____ end? _____

Will you be able to work during the summer prior to entering the Internship? _____

TO THE APPLICANT: PLEASE COMPLETE THE FOLLOWING:

NAME _____ DATE OF GRADUATION _____
 (last, first, middle or maiden)

The applicant should sign and date one of the following statements:

1) I wish to have access to this Recommendation Form and Recommendation Letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this Recommendation Form and Recommendation Letter.

Applicant's signature _____ Date _____

2) I wish this Recommendation Form and Recommendation Letter to be confidential and I hereby waive any and all access rights granted me by the above laws to read this Recommendation Form and Recommendation Letter.

Applicant's signature _____ Date _____

In submitting this application for review, I agree:

- * That the information contained in it is true, to the best of my knowledge.
- * If I am granted an award, barring any unforeseen circumstances, I will continue my plans for study as indicated in the application.
- * I have attached ONE (1) **pdf file** in the following order:

- _____ Application form
- _____ Letter of Application and Resume
- _____ Financial Statement
- _____ Three completed Recommendation Forms accompanied with three Letters of Recommendation from a faculty member, Registered Dietitian and employer (if not employed, submit an additional Recommendation Form and Letter of Recommendation from either of the above). Didactic Program in Dietetics (DPD), Dietetic Technician, Registered (DTR) program and Coordinated Program (CP) applicants should include an additional Letter of Recommendation from their Program Director. Applications without the required number of recommendation letters and recommendation form will not be accepted.
- _____ Official Transcripts from all colleges or universities attended, opened and included in pdf.
- _____ Proof of membership in an American Indian Tribe, if applicable
- _____ Proof of acceptance to a Supervised Practice Program, if applicable

 Applicant's Signature

All applications must be received, via email as ONE (1) **pdf** file, no later than **June 1, 2018**.

Please email applications to: scholarships@dietitian.org

If you have questions: Contact Pat Smith in the CAND Central Office
patsmith@dietitian.org or 310.822.0177

RECOMMENDATION FORM***Forward this page to those who will provide you with a recommendation.*****NOTE:**

- Include recommendations from a faculty member, Registered Dietitian and employer (if not employed, submit an additional Recommendation Form and Letter of Recommendation from either of the above).
- Didactic Program in Dietetics (DPD), Dietetic Technician, Registered (DTR) program and Coordinated Program (CP) applicants should include an additional Letter of Recommendation from their Program Director.
- For those applying for the Kara Freeman Leadership Scholarship, be sure to include one letter from an Advisor who can speak to your leadership position(s) held in Department club(s) and your leadership potential.

Applicants Name: _____

Recommendation made by: _____

Please rate the applicant on the qualities you feel you can judge on the grid below.

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U – Unsatisfactory

	O	MS	SAT	NI	U	Unable to Evaluate
Application of Knowledge						
Nutrition Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills						
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills						
Peers/Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential as a Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Prepared by the Academy of Nutrition and Dietetics for optional use by Dietetic Education Programs)