



**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 May 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) Current photo. (optional)
- 4) Financial Information page (part of the application).
- 5) 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.
 - 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.
- 6) Official Transcripts from all schools attended. Transcripts should include grades from the Fall term that has just been completed. Transcript(s) must be included as part of your **pdf** file.
- 7) 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.
- 8) Dietetic Internship applicants must provide proof of acceptance to a Supervised Practice Program.

MAY 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. Minimum of three 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. 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 ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, a Didactic Program in Dietetics (DPD), or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Minimum 3.0 overall GPA.
<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), an ACEND accredited Coordinated Program (CP) or an ACEND accredited graduate program. 	<p style="text-align: center;"><u>Consultant Dietitians (CDC) Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Demonstrated financial need. 3. Graduate of or currently enrolled in a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Minimum 3.0 overall GPA. 5. Prior experience in or intends to practice in the field of geriatrics or consulting.
<p style="text-align: center;"><u>Carol Hayes Torio Memorial Scholarship</u></p> <ol style="list-style-type: none"> 1. California resident. 2. Demonstrated financial need. 3. Entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Minimum 3.0 overall GPA 	<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 a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter. 4. Minimum 3.0 overall GPA.

Jacqueline Saracino Scholarship

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 a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
4. Minimum 3.0 overall GPA.
5. Member of CAND/Los Angeles District
6. Demonstrated community involvement either within or outside the area of nutrition.

Kara Freeman Leadership Scholarship

1. California resident.
2. Demonstrated financial need.
3. Entering at least the second year of a Didactic Program in Dietetics (DPD), an ACEND accredited Coordinated Program (CP), an ACEND accredited graduate program, or accepted to an ACEND accredited Supervised Practice Program beginning within 6 months of receipt of an award letter.
4. Minimum 3.0 overall GPA.
5. 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.

Back to School for Master's Degree

1. California resident.
2. Bachelor's degree.
3. Registered Dietitian (RD).
4. Enrolled in or admitted to a graduate school (proof of enrollment or admission required).
5. Minimum of three years of professional experience.
6. Intends to continue practicing in the field of dietetics and shows promise of making a substantial contribution to the profession.

**CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION
SCHOLARSHIP APPLICATION**

✓ **TYPE ALL INFORMATION**

✓ **CHECK SCHOLARSHIP(S) FOR WHICH YOU ARE APPLYING:**

- Dolores Nyhus Graduate Fellowship Fund
 Carol Hayes Torio Memorial Dietetic Technician Scholarship
 Carol Hayes Torio Memorial Undergraduate Scholarship
 Jacqueline Saracino Scholarship
 Diversity Scholarship
 Consultant Dietitians (CDC) Scholarship
 Corrine Williams Scholarship
 Kara Freeman Leadership Scholarship
 Back to School for Master's Degree

Note: A student is not eligible to win the same scholarship two years in a row.

Academy of Nutrition and Dietetics Membership Number: _____

PERSONAL DATA

NAME: _____
Last First Middle/Maiden

PRESENT ADDRESS: _____
Number/Street

_____ City State Zip

PERMANENT ADDRESS: _____
 (After June 1st) Number/Street

_____ City State Zip

PHONE NUMBER: Home (____) _____
 Work (____) _____
 Email _____

Current School/Internship program _____
(UC Los Angeles; University of Santa Barbara; CA State Univ, Fresno; etc)

Citizen of the United States? yes _____ no _____

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

Indicate the state where you are a legal resident _____ Number of Years: _____

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
- _____ Current photo (optional)
- _____ 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.
- _____ Official Transcripts from all colleges or universities attended.
- _____ Proof of membership in an American Indian Tribe, if applicable.
- _____ Proof of acceptance to a Supervised Practice Program, if applicable.
- _____ Proof of acceptance to or enrollment in a Graduate Program, if applicable.

 Applicant's Signature

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