



## CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

### **Phyllis S. Howe DISTRICT SCHOLARSHIP AWARDS SILICON VALLEY DISTRICT (2018-2019) Application Procedure**

The California Academy of Nutrition and Dietetics Foundation (CANDF) Phyllis S. Howe Award offers a total of six scholarships for Registered Dietitians, undergraduate and graduate dietetic students, and Dietetic Technicians, Registered. Scholarships and criteria are listed on the following pages.

All CANDF scholarships require membership in the Academy of Nutrition and Dietetics. For the year 2018-2019, the Phyllis S. Howe Awards require membership in the California Academy of Nutrition and Dietetics and the Silicon Valley District, as well.

#### **APPLICATION INSTRUCTIONS FOR ACADEMIC SCHOLARSHIPS**

The completed application and supporting materials are to be submitted to the CAND Central Office **by Noon May 1, 2019**, via email to Pat Smith ([scholarships@dietitian.org](mailto:scholarships@dietitian.org)) with HOWE AWARD 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) – if applicable.
- 4) For Registered Dietitians, please submit two completed Recommendation Forms (part of the application) accompanied with two Letters of Recommendations. Include recommendations from a faculty member, Registered Dietitian and/or employer. Dietetic Technician, Registered (DTR), Didactic Program in Dietetics (DPD) 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, advanced degree or advanced credential.
  - For a confidential letter, please ask the recommender to email the Letter of Recommendation and Recommendation Form directly to [scholarships@dietitian.org](mailto:scholarships@dietitian.org) with the applicant's last name in the subject line, followed by HOWE AWARD.
- 5) Official Transcripts from all schools attended. Transcripts should include grades from the recent Fall term that has just been completed. Transcript must be included as part of your **pdf** file.
- 6) Proof of admission to graduate school (only for Back to School for Master's Degree scholarship applicants).

# CAND Foundation HOWE Scholarships & Criteria

**Membership in the Academy of Nutrition and Dietetics, and Active, Retired, or Student membership in the CA Academy of Nutrition and Dietetics, Silicon Valley District is required for all Scholarships**

**US Citizenship is required for all Scholarships**

<p><b><u>Back to School for Master’s Degree (Two \$2000 scholarships)</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Bachelor’s degree.</li> <li>3. Registered Dietitian (RD).</li> <li>4. Enrolled in or admitted to a graduate school.</li> <li>5. Three to five years of professional experience.</li> <li>6. Intends to practice in the field of dietetics and shows promise of making a substantial contribution to the profession.</li> </ol>	<p><b><u>Undergraduate Scholarship for Junior Year for use in the Senior Year (Two \$2000 scholarships)</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Demonstrated financial need.</li> <li>3. Entering at least the second year of an accredited Coordinated Program (CP) or Didactic Program in Dietetics (DPD).</li> </ol>
<p><b><u>Dietetic Technician, Registered (One \$2000 scholarship)</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Demonstrated financial need.</li> <li>3. Entering at least the second year of an accredited Dietetic Technician, Registered program.</li> </ol>	<p><b><u>RD Seeking a Certification (One \$500 scholarship)</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Registered Dietitian (RD).</li> <li>3. Eligible to sit for the CDE exam, CNSC exam or an exam related to the Commission on Dietetic Registration’s Board Certification as a Specialist in Pediatric Nutrition, Renal Nutrition, Gerontological Nutrition, Oncology Nutrition or Sports Dietetics.</li> </ol>

CA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION  
HOWE SCHOLARSHIP APPLICATION

✓ TYPE ALL INFORMATION

✓ CHECK SCHOLARSHIP FOR WHICH YOU ARE APPLYING:

- Back to School for Master's Degree
- Undergraduate Scholarship for Junior Year for use in the Senior Year
- Dietetic Technician, Registered
- RD Seeking a Certification (please indicate the type of certification) \_\_\_\_\_

Note: A scholarship can only be awarded once per applicant; i.e. you cannot win the same scholarship twice.

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 1<sup>st</sup>) 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

**EDUCATION**

Colleges and Universities (List all attended and presently attending)

<b>Institution/Address</b>	<b>Degree</b>	<b>GPA*</b>	<b>Major</b>	<b>Date Completed Expected Completion</b>

**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)

<b>Job Title</b>	<b>Facility/Address</b>	<b>Date of Employment</b>	<b>Hours/Week</b>

**PROFESSIONAL AND VOLUNTEER ACTIVITIES**

<b>Organization</b>	<b>Offices/Honors</b>	<b>Major Accomplishments</b>

**EXTRACURRICULAR ACTIVITIES/HOBBIES**

**PROFESSIONAL AND HONORARY MEMBERSHIPS**

**PUBLICATIONS AND PROFESSIONAL PRESENTATIONS**

**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.

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

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

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

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**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 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 (if applicable)
- \_\_\_\_\_ For Registered Dietitians, two completed Recommendation Forms accompanied with two Letters of Recommendation. Include recommendations from a faculty member, Registered Dietitian and/or employer. 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 pertinent colleges or universities attended.
- \_\_\_\_\_ Proof of admission to graduate school (only for Back to School for Master's Degree scholarship applicants).

\_\_\_\_\_  
 Applicant's Signature

All applications must be received, via email as ONE (1) **pdf** file, no later than **Noon May 1, 2019**.

**Please email applications to:** [scholarships@dietitian.org](mailto:scholarships@dietitian.org)

**If you have questions:** **Contact Pat Smith in the CAND Central Office**  
[patsmith@dietitian.org](mailto:patsmith@dietitian.org) or 310.822.0177

## Scholarship Recommendation Form Page 1 of 2

**Applicant's Name**

**Recommenders Name**

**Phone**

**E-mail**

*Please include your name and contact information. The Foundation Scholarship Committee may contact you to verify the information submitted on this form.*

**How long have you known the applicant?**

**Relationship to Applicant?**

**How would you rate the applicant for each of the following characteristics? Please select the box with the rating that best describes the applicant in each category Legend:**

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

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



**SCHOLARSHIP RECOMMENDATION FORM PAGE 2 OF 2**

**Describe applicant's strengths (200 words or less):**

**Describe applicant's areas of improvement (200 words or less):**

**Summary evaluation. Overall how would you recommend the applicant an Academy Foundation Scholarship?**

**Highly recommended \_\_\_\_\_ Recommended \_\_\_\_\_ Not recommended \_\_\_\_\_**

**Return to Applicant or Email to [Scholarships@Dietitian.org](mailto:Scholarships@Dietitian.org) With Applicants Name in The Subject Line by May 1, 2019**