



## CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS FOUNDATION SCHOLARSHIP APPLICATION PROCEDURE

The California Academy of Nutrition and Dietetics Foundation (CANDF) offers seven scholarships annually for dietetic students and one scholarship for a Registered Dietitian that is enrolled in or admitted to a Master's Degree program. 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 Foundation **by May 1, 2019 at Noon**, via email to [foundation@dietitian.org](mailto:foundation@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 [foundation@dietitian.org](mailto:foundation@dietitian.org), with the applicant's last name in the subject line.
- 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;"><b><u>Dolores Nyhus Graduate Fellowship Fund</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) or Dietetic Technician, Registered (DTR) or credential earned minimally within 6 months of the receipt of an award letter.</li> <li>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.</li> <li>5. Minimum of three 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 style="text-align: center;"><b><u>Diversity Scholarship</u></b></p> <ol style="list-style-type: none"> <li>1. California resident. American Indian/Native American (proof required), Pacific Islander, African American, Asian, or male.</li> <li>2. Demonstrated financial need.</li> <li>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.</li> <li>4. Minimum 3.0 overall GPA.</li> </ol>
<p style="text-align: center;"><b><u>Carol Hayes Torio Memorial Dietetic Technician Scholarship</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Demonstrated financial need.</li> <li>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.</li> </ol>	<p style="text-align: center;"><b><u>Consultant Dietitians (CDC) Scholarship</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Demonstrated financial need.</li> <li>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.</li> <li>4. Minimum 3.0 overall GPA.</li> <li>5. Prior experience in or intends to practice in the field of geriatrics or consulting.</li> </ol>
<p style="text-align: center;"><b><u>Carol Hayes Torio Memorial 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 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.</li> <li>4. Minimum 3.0 overall GPA</li> </ol>	<p style="text-align: center;"><b><u>Corrine Williams Scholarship</u></b></p> <ol style="list-style-type: none"> <li>1. California resident.</li> <li>2. Demonstrated financial need.</li> <li>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.</li> <li>4. Minimum 3.0 overall GPA.</li> </ol>

**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.

**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.



**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**

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**PROFESSIONAL AND HONORARY MEMBERSHIPS**

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**PUBLICATIONS AND PROFESSIONAL PRESENTATIONS**

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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 2019-May 2020), 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Noon May 1, 2019.

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

If you have questions: [foundation@dietitian.org](mailto:foundation@dietitian.org)



## 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:**

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
<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 for an Academy Foundation scholarship?

Highly recommend		Recommend		Not recommended
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Return To Applicant Or Email To [foundation@dietitian.org](mailto:foundation@dietitian.org) With Applicants Name In The Subject Line by Noon on May 1, 2019