

College or University now attending, or last attended and address:

Major: _____

Degree Received/ Expected: _____ Date: _____

Colleges or Universities previously attended, and address:

College	Location	Major	Degree Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate Route to Registration Status:

- Internship Traineeship Three Year Pre-Planned
 Master's Degree CUP Other _____

Dietitian(s) who directed route to ADA membership

1. _____

2. _____

On a separate sheet of paper list all employment. Include institution, position, responsibilities, and dates of employment.

Indicate below the names of the three (3) persons who have furnished references. Be sure to include a reference

from your employer if you are currently working:

Name

Title

Address

Graduate Study Plan:

- a. List your first three (3) choices of graduate schools/ programs (if more than one) to which you have applied. If accepted and enrolled, answer c.

School/Program

Major/Emphasis

_____	_____
_____	_____
_____	_____

- b. Have you been accepted into graduate school /program(s)?

Yes _____

No _____

If no, when do you expect to receive notification about admission to graduate study?

- c. What is your enrollment date? _____

School/Program _____

Type of student:

Part time _____ Credit hrs. enrolled per semester _____ or quarter _____

Full time _____ Credit hrs. enrolled per semester _____ or quarter _____

Of your selected choices, which graduate program do you plan to enter, if accepted?

- a. Give name of institution and location, a general description of your anticipated studies, and why you selected this particular program?

- b. Explain how you expect this graduate study program to contribute to your career goals and improve your contribution to your profession.

What do you plan to do after finishing your graduate studies? (What are your professional plans?)

If you selected a graduate program at a college or university in another state do you plan to return to Virginia after you finish?

Yes_____

No_____

Indicate professional activities, honors, scholarships received, your professional memberships, publications, volunteer, and/or community nutrition work you have done. (Use another sheet of paper, if necessary.)

Why have you chosen Dietetics as a profession?

Have you received this award before?

Yes _____

No _____

In submitting my application for the Virginia Dietetic Association Graduate Scholarship, I understand and agree to the following:

- a. That barring unforeseen circumstances, I will continue my plans for study as indicated in the application.
- b. That if circumstances make it necessary to change my plans for graduate work before the date of the award decision, I will notify the Chair of VDA Scholarships, Awards, and Nominations and ask that my application be withdrawn.
- c. That if I am forced to withdraw because of circumstances beyond my control, I may re-apply at a future date.
- d. If unforeseen circumstances prevent my enrollment and I am unable to pursue graduate study, I will return the award money to the VDA Secretary/Treasurer, regardless of level of reimbursement from the college or university.
- e. That the information reported here is complete and accurate to the best of my knowledge.

Signature

Date

The Virginia Dietetic Association maintains a policy of equal opportunity with regard to scholarship awards.

APPLICATION PACKAGES SHOULD BE POSTMARKED BY JANUARY 30 AND MAILED TO:

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