

**Michigan Dietetic Association**  
**INSTITUTE**

**Scholarship Application**

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Attach additional sheets as needed to provide complete information.

Check type of program currently enrolled in:

- Didactic program in dietetics  Dietetic Internship

Name of program currently enrolled in: \_\_\_\_\_

Are you planning to enter a dietetic internship?      Yes      No      Not applicable

Are you planning to enter a coordinated program?      Yes      No      Not applicable

ADA member number \_\_\_\_\_ or check if not a member

1. Personal Information

a. Name: \_\_\_\_\_  
(Last) (First) (Middle)

b. Present Address \_\_\_\_\_  
(Number/street)  
\_\_\_\_\_  
(City) (State) (Zip)

c. Permanent Address \_\_\_\_\_  
(Number/street)  
\_\_\_\_\_  
(City) (State) (Zip)

d. Phone Present \_\_\_\_\_ Permanent \_\_\_\_\_ Cell \_\_\_\_\_

e. Email Address: \_\_\_\_\_

2. Education

List all colleges attended or attending, with the most recent first:

a. School: \_\_\_\_\_ Location \_\_\_\_\_  
Major \_\_\_\_\_ GPA\* \_\_\_\_\_ Degree \_\_\_\_\_ Degree Date \_\_\_\_\_

b. School: \_\_\_\_\_ Location \_\_\_\_\_  
Major \_\_\_\_\_ GPA\* \_\_\_\_\_ Degree \_\_\_\_\_ Degree Date \_\_\_\_\_

c. School: \_\_\_\_\_ Location \_\_\_\_\_  
Major \_\_\_\_\_ GPA\* \_\_\_\_\_ Degree \_\_\_\_\_ Degree Date \_\_\_\_\_

*\*Must be on a 4 point system or converted to a 4 point system*

*If currently enrolled in a program, for which scholarship is requested, what is the expected date of completion? \_\_\_\_\_*

3. Work experience (**paid**): list most recent first

a. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

b. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

c. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

d. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

e. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

f. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

4. Volunteer experience: list most recent first

g. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

h. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_

Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

i. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_

Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

j. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_ Location \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Estimated total hours worked (up to scholarship deadline): \_\_\_\_\_

Job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

5. College Leadership Activities and Awards: organizations, offices, major accomplishments, honors/awards  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Community Leadership Activities/Awards: organizations, offices, major accomplishments, honors/awards, or occasional volunteer work not listed above  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Professional Goals: Please attach a typed description of professional career goals in 200 words or less.

8. References: list two references for this scholarship, one being your program director or academic advisor

a. Name: \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

b. Name: \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

**Certification**

I certify that all the information on this form is true and complete to the best of my knowledge

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_