



*Promoting Professional Development...  
Nutrition Education ... Research*

## **Scholarship Guidelines**

1. The postmark deadline for submitting all the information requested is June 1, 2007. All applicants will be notified, in writing, by July 15, 2007.
2. Applicants must qualify for one of the following categories:
  - A. **GRADUATE LEVEL** — applicant must be accepted into a graduate program at the time of the award presentation (July) or have at least 5 months or more remaining in the program. .
  - B. **SUPERVISED PRACTICE PROGRAM** — applicant must be accepted into a CADE accredited program at the time of the award presentation (July). Applicant must be either entering a supervised practice program or have at least 5 months or more remaining in the program.
  - C. **UNDERGRADUATE** — applicant must be enrolled in an accredited DPD program at the time of the award (July).
3. To qualify, applicant must:
  - A. be a member of the American Dietetic Association;
  - B. have a cumulative grade point average of 3.0 or greater on a 4.0 system
  - C. be enrolled in, or accepted in to a program in Georgia and, for B and C, in a CADE approved program.
4. Applicants will be evaluated on the following:

*SCHOLARSHIP:* Grade point averages at all academic levels, publications, academic honor, etc.

*PROFESSIONAL:* Reference forms, applicant's letter of intent, and essay.

*POTENTIAL*
5. Answer all questions on the application to the best of your ability. If a question is not applicable to your situation, write "not applicable" in the appropriate space.
6. Applicants must inform this Committee of any address change after the application has been submitted and before notification by the Committee.
7. **Instructions for all applicants:**

Application must be typed and compiled as follows:

  - A. Scholarship application forms.
  - B. A letter of intent of 300 words or less from the applicant addressed to "**Committee Chair**" stating: 1) how you became interested in dietetics; 2) your short-and long-range professional goals; 3) your plans for the next academic year of study; 4) your leadership activities and organization memberships; 5) your honors and awards received; 6) and how this educational pursuit will benefit you as a practitioner.

- C. Essay: in 300 words or less, describe what you consider to be the characteristics of a professionally successful person. (Must be typed)
- D. Three scholarship reference forms must be completed. Two of the references should be from an academic advisor and a faculty member and the third reference can be from another faculty member or a work supervisor who is familiar with your work experience (could be paid or volunteer). Reference form should be in a sealed envelope. Please have the provider of the reference sign the back of the envelope.
- E. Official transcripts from each college or university attended including course title, hours, credits earned, quality points and cumulative grade point average.
- F. Written verification from program director that applicant is currently enrolled in a program or has applied to one of the programs (undergraduate, supervised practice, or graduate).
- G. Applicant must show proof of acceptance in to a program (categories A, B, and C) before scholarship money is issued.

All application materials must be submitted as one complete package by the June 1, 2007 postmark deadline. Mail all required materials to:

Demetrius Mazacoufa  
Georgia Dietetic Foundation, Inc.  
GDF Scholarship  
1401 Peachtree Street, N.E.  
Suite 238  
Atlanta, GA 30309

# Scholarship Application

*Please Type or Print Clearly with Blank*

Date:	ADA Membership Number:
CHECK THE CATEGORY FOR WHICH YOU ARE APPLYING:	
___ CATEGORY A* (Graduate Level)	
___ CATEGORY B* (Supervised Practice Level)	
___ CATEGORY C* (Undergraduate Level)	
Name :	
Last	First
Middle/Maiden	
Social Security Number:	
Present Mailing Address:	
State	City
Zip	Street
Permanent Mailing Address:	
State	City
Zip	Street
Telephone Number(s) where you can be reached:	
Email address:	
Date of Birth:	
Names, Titles, and Addresses of Persons giving References:	
1.	
2.	
3.	
Education (List all colleges, universities, internships):	
Name	Location
Year /Degree	
Major Area(s) of Study: Undergraduate:	
Graduate:	
Cumulative Grade Point Average: Undergraduate:	
Graduate:	

**Graduate Program:** (Category A applicants only)

Advanced degree you are seeking:

**Publications/Research:** Briefly describe research or publications where you are an investigator or author/coauthor:

**Work History:** (List more recent first)

Type of work	Institution/Agency	Location	Inclusive Dates	Reason for Leaving
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Honorary and Professional Memberships

In submitting my application for review, I agree:

To continue my plans for study as indicated in the application. I agree to attend classes full time as defined by the institution in which I am enrolled.

That if circumstances make it necessary to change my plans for academic work, I will notify the Georgia Dietetic Foundation Scholarship Chair at once and ask that my name be withdrawn from the list of active applicants or recipients.

That if I am forced to change my plans because of circumstances beyond my control and withdraw, I may be considered as an applicant at some future date without discrimination by the Scholarship Committee.

That if I am forced to change my plans because of circumstances beyond my control and withdraw from the program, I will return the scholarship money to the Georgia Dietetic Foundation, Inc.

SIGNATURE:

Date

## **Georgia Dietetic Foundation Scholarship Reference Form**

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Last Name

First

Middle/Maiden

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Not Observed/ Do not know</b>
Creativity and Ingenuity					
Initiative					
Productivity					
Quality of Work					
Effectiveness as a Writer					
Effectiveness as a Speaker					
Cooperation with Others					
Dependability					
Use of Advice and Criticism					
Leadership Skills					
Self Confidence					
Motivation					
Maturity					
Reaction to Stress					

**PLEASE COMMENT ON APPLICANT'S STRENGTHS. INCLUDE INFORMATION ABOUT THIS APPLICANT THAT WOULD MAKE HIM/HER STAND OUT WHEN COMPARED TO OTHER APPLICANTS:**

**PLEASE COMMENT ON AREAS FOR IMPROVEMENT:**

How long have you known applicant?

Name

School or Organization

Signature

How well do you know applicant

Position

Address

Date