

**Texas Dietetic Association Foundation (TDAF)  
2009-2010 Scholarship Application Form  
Deadline: March 1, 2010**

**To be eligible for a TDAF scholarship, a student must be enrolled full time in a dietetic education program for the upcoming school year (fall and spring) or have applied and waiting acceptance.**

**Please type all responses.** Please refer to the Scholarship Information Document on the TDAF web site (<http://tdaf.nutrition4texas.org>) for complete information on eligibility.

**1. PERSONAL DATA**

- a. Name (Last, First, Middle/Maiden):
- b. Present Mailing Address  
Street:   
City, ST, Zip:
- c. Permanent Mailing Address (to be valid one year from the date of this application)  
Street:   
City, ST, Zip:
- d. Telephone:
- e. Alternate Telephone:
- f. E-mail Address:
- g. Are you a US citizen?  Yes  No
- h. Resident of Texas at time of application:  Yes County:   No
- i. Current Texas Driver's License Number or Texas Identity Card Number or University Student Photo Identification Number:   
(Attach copy of your Identification card used.)
- j. ADA Membership Number:   
(Attach copy of your ADA membership card)

**Note: Failure to attach a copy of your ADA membership card and/or identification card will invalidate your application.**

**2. PROGRAM DATA**

- a. Classification - Check category that applies for the upcoming year for which the scholarship would be awarded:  

<input type="checkbox"/> Dietetic Technician	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Coordinated Program	<input type="checkbox"/> Registered Dietitian
<input type="checkbox"/> Dietetic Internship	<input type="checkbox"/> Combined Graduate/Dietetic Internship	<input type="checkbox"/> Graduate Program	

b. Professional Interest - Some scholarships are designated for recipients with specific areas of interest.

Rank the first, second and third areas that best represent your major area of study, interest or practice.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Clinical Dietetics      | <input type="checkbox"/> Community /Public Health Nutrition | <input type="checkbox"/> Corporate Consulting |
| <input type="checkbox"/> Food Science/Technology | <input type="checkbox"/> Private Practice                   | <input type="checkbox"/> Business             |
| <input type="checkbox"/> Foodservice Management/ | <input type="checkbox"/> Long Term Care/Geriatrics          | <input type="checkbox"/> Higher Education     |
| <input type="checkbox"/> Administration          | <input type="checkbox"/> Weight Management                  | <input type="checkbox"/> Other (specify)      |
| <input type="checkbox"/> Nutrition Education     | <input type="checkbox"/> Exercise & Fitness/Wellness        |   |
| <input type="checkbox"/> Nutrition Research      |   |   |

### 3. EDUCATION

a. List all colleges, universities, or other CADE\* accredited programs attended or currently attending, --with most recent listed first. (\* Commission on Accreditation of Dietetics Education)

College/University	City/State	Start/End Dates	Major	GPA/ Scale <small>(in major)</small>	Degree or Program
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

b. If you are already enrolled in the program for which you are requesting a scholarship, list the expected date of completion/graduation (include month and year).

If you are not currently enrolled in the program for which a scholarship is requested, list programs (dietetic internships, Coordinated Programs, Dietetic Technician, colleges or universities, etc.) you have applied to, intend to apply to, or have been accepted into for the upcoming year (next fall and spring). Continue on another sheet, if needed.

College/Program	Location	Anticipated Start Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

#### 4. EMPLOYMENT/VOLUNTEER WORK HISTORY

List all employment and volunteer work experiences in the past 5 years with **most recent first**. Indicate if the experience was paid or volunteer. Briefly describe key responsibilities. When indicating the amount of hours, use Hrs/Wk for reoccurring experiences or Total Hours for limited time exposure. Note: Priority is given to experiences from the past 5 years, however, if you have professional work experiences from over five years ago, you may include it. Use additional pages as needed.

<b>Name of Employer/Org.</b> [ ]	<b>Position Title</b> [ ]	<b>Start/End Dates (MM/YY)-(MM/YY)</b> [ ]	<input type="checkbox"/> <b>Paid Position</b> <input type="checkbox"/> <b>Volunteer</b>	<b>Hrs/Wk or Ttl Hours</b> [ ]
<b>Supervisor's Name/title</b> [ ]		<b>Email</b> [ ]	<b>Phone</b> [ ]	
<b>Key Responsibilities</b> [ ]				
<b>Name of Employer/Org.</b> [ ]	<b>Position Title</b> [ ]	<b>Start/End Dates (MM/YY)-(MM/YY)</b> [ ]	<input type="checkbox"/> <b>Paid Position</b> <input type="checkbox"/> <b>Volunteer</b>	<b>Hrs/Wk or Ttl Hours</b> [ ]
<b>Supervisor's Name/title</b> [ ]		<b>Email</b> [ ]	<b>Phone</b> [ ]	
<b>Key Responsibilities</b> [ ]				
<b>Name of Employer/Org.</b> [ ]	<b>Position Title</b> [ ]	<b>Start/End Dates (MM/YY)-(MM/YY)</b> [ ]	<input type="checkbox"/> <b>Paid Position</b> <input type="checkbox"/> <b>Volunteer</b>	<b>Hrs/Wk or Ttl Hours</b> [ ]
<b>Supervisor's Name/title</b> [ ]		<b>Email</b> [ ]	<b>Phone</b> [ ]	
<b>Key Responsibilities</b> [ ]				
<b>Name of Employer/Org.</b> [ ]	<b>Position Title</b> [ ]	<b>Start/End Dates (MM/YY)-(MM/YY)</b> [ ]	<input type="checkbox"/> <b>Paid Position</b> <input type="checkbox"/> <b>Volunteer</b>	<b>Hrs/Wk or Ttl Hours</b> [ ]
<b>Supervisor's Name/title</b> [ ]		<b>Email</b> [ ]	<b>Phone</b> [ ]	
<b>Key Responsibilities</b> [ ]				
<b>Name of Employer/Org.</b> [ ]	<b>Position Title</b> [ ]	<b>Start/End Dates (MM/YY)-(MM/YY)</b> [ ]	<input type="checkbox"/> <b>Paid Position</b> <input type="checkbox"/> <b>Volunteer</b>	<b>Hrs/Wk or Ttl Hours</b> [ ]
<b>Supervisor's Name/title</b> [ ]		<b>Email</b> [ ]	<b>Phone</b> [ ]	
<b>Key Responsibilities</b> [ ]				



**Faculty Advisor:** Your signature below signifies your verification of the accuracy of the information provided in the listing of coursework and calculation of GPA.

<b>Faculty Advisor's Name</b>	<b>Title</b>
<b>Institution</b>	<b>Signature of Faculty or Advisor</b>

**6a. LEADERSHIP**

List all appointed or elected offices held; most recent first.

**6b. ACTIVITIES AND MEMBERSHIP**

List all professional, student and honorary memberships including dates of participation; list most recent first.

**7a. VOLUNTEER AND/OR COMMUNITY SERVICE**

Identify activities and list dates of participation; most recent first.

**7b. PUBLICATIONS, PROFESSIONAL PRESENTATIONS, HONORS/SCHOLARSHIPS AND CERTIFICATIONS RECEIVED.**

Include dates; most recent first.

**8. FINANCIAL**

(Note: Completion of this section is required to validate your application. All students must be full time for the upcoming fall and spring semester to be eligible for a TDAF scholarship.)

a. Number of months enrolled in program in academic year beginning next fall.

Will you be attending full-time for fall and spring semesters?  Yes  No

Were you employed during this academic year?  Yes  No

Do you plan to work during the next academic year?  Yes  No

What are the anticipated tuition/fees for the program(s) to which you are enrolled or have applied?

<b><i>Name of Program</i></b>	<b><i>Tuition/Fees</i></b>
1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>
4. <input type="text"/>	4. <input type="text"/>

b. Describe your personal financial situation below (250 words or less). Since financial need is carefully considered in determining the eligibility for scholarships, please complete the following as accurately as possible. Areas to include:

1. Expenses you expect during the academic year (anticipated tuition, books, fees, loan indebtedness, personal living expenses, other financial obligations, commuting, leisure activities, etc.)
2. Your financial resources (amount of student loans, ability to work and anticipated income from work, sources of support, income from parents/spouse/others, other grants or scholarships or fellowships, previous savings, previous work, etc.)
3. Any special circumstances.

Description of Financial Situation

**9. AGREEMENTS:**

In submitting this application form, I agree:

1. that I meet the qualifications for application and will be a full time student in the upcoming fall and spring semesters;
2. that the information contained in this application form is true to the best of my knowledge;
3. that, barring unforeseen circumstances, I will continue my plans for study as indicated in the application;
4. that my application will not be considered for a scholarship if it is incomplete and/or directions for completion are not followed;
5. to abide by the following Forfeiture of Scholarship Clause:

Texas Dietetic Association Foundation (TDAF) Scholarships are awarded for a nine-month school year with funds awarded in the fall semester of a given year, or in the case of a supervised practice program without semesters, are awarded at the discretion of the TDAF Executive Board. Checks are sent to the university or institution on behalf of a student recipient and are applied to the student's account. Recipients must be enrolled in a CADE accredited dietetic education program or a qualifying graduate program as outlined in the TDAF Scholarship Information document. (TDAF will communicate the enrollment requirement in writing to a student in a program with a nontraditional school year. The student must meet those requirements.) Students who fail to meet these criteria will forfeit their scholarship, and the funds will revert to the TDAF treasury. Students who forfeit a scholarship must reapply to be considered for future scholarships.

**I, the undersigned, have read the TDAF Agreements and Forfeiture of Scholarship Clause and understand that my failure to meet the above criteria will result in forfeiture of a scholarship if I am selected as a recipient.**

**I, the undersigned, agree to indemnify and hold harmless the TDAF, its officers and its advisors from any claim, action, liability, loss, damage or suit arising from the execution of duties as outlined in the organization's Bylaws and Standing Rules.**

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

\_\_\_\_\_  
Date

Applicant's Printed Name

**Please collate and clip together 5 packets as follows:**

**Packet 1 will include the following:**

- Original typed and completed TDAF Scholarship Application Form, a copy of your current photo identification card (Texas Driver's License or Texas Identification Card or University Student Photo Identification Card) and your ADA membership card;
- Official transcripts from **ALL** universities or colleges attended with the official seal of institution **(Note: you may open the official transcript to make appropriate copies to be placed in packets 2-5.);**
- Typed letter describing short-term and long-range educational and career goals; and
- Completed TDAF Reference Forms from three references. Obtain references from academic advisors, teachers, dietitians, and/or work supervisors familiar with your professional and educational ability/experience and overall potential for becoming a contributing member of the dietetics profession. (Personal references from other sources are not acceptable.)  
**Note – Applicant should be sure that each of the people providing a reference understand that they are to complete the reference form and include the original and 4 copies in their sealed envelope with their name signed across the seal of the envelope. Thus, there will be three envelopes (one from each of the references) included in packet 1.**

**Packets 2 – 5 will contain copies of the following:**

- Typed and completed TDA Foundation Scholarship Application Form, a copy of your Texas Driver's License or Texas Identification Card and your ADA membership card;
- Transcripts from ALL universities or colleges attended **(Note: you may open the official transcript to make appropriate copies.);**
- Typed letter describing your short-term and long-range educational and career goals.

All applications must be postmarked no later than **March 1, 2010**. All components of the application must be enclosed in a single mailing envelope. Incomplete applications will not be considered.

**Mail one envelope with all five application sets to:  
Jill Campbell, MS, RD, LD, CDE, TDAF Director  
3100 Williamsburg Circle  
Tyler, Texas 75701**