Indiana Dietetic Association

2011 SCHOLARSHIP APPLICATION CHECKLIST

☐ All scholarships require membership of the American Dietetic Association Association. Scholarship applications without a member number will not be considered!

☐ Applicants must be a US Citizen or permanent resident.

☐ Completed **ADAF 2011-2012 SCHOLARSHIP APPLICATION (typed/word processed, 5 sets – 1 with original signature + 4 copies)**. Handwritten or incomplete applications will not be processed. The application can be downloaded from the CADE website.

The Indiana Dietetic Association uses the ADAF application so applicants can apply to **BOTH** the IDA and the ADAF scholarship using the same form. **However, please make sure you review the application guidelines for both scholarships since differences do exist.**

The ADAF *and* IDA scholarship application deadline is February 15, 2012.

☐ **ORIGINAL TRANSCRIPT(S)** (**1 copy – photocopy accepted**) from **each college/university attended**. **Transcripts will not be accepted if mailed separately.**

☐ **TWO LETTERS OF REFERENCE** (**original + 4 copies of each reference**). - 1 reference must be from a Registered Dietitian. Please use ADAF scholarship references. IDA will accept letters addressed to the ADAF scholarship committee.

If an individual wishes his/her reference to be confidential, ask them to seal the **original + 4 copies** in 1 envelope with his/her signature over the seal; this envelope must be given to the applicant to submit in application packet. **Reference letters will not be accepted if mailed separately.**

Please share the following criteria with individuals writing your recommendation letters:

- Do the letters reflect the relationship between the applicant and the individual writing the letter? Is it clear they know the applicant well and have a good relationship?
- Do the letters describe:
  - scholastic excellence (if written by a faculty member)
  - outstanding personal character
  - well-rounded extracurricular involvement and leadership, particularly in the area of dietetics
  - particular incidents or occurrences which illustrate the applicant's strengths
  - information why the applicant has not been particularly active in dietetics (i.e. family responsibilities, etc.)
  - Does the writer express promise for the applicant as a future dietetic professional?

☐ **IDA WORK EXPERIENCE FORM** (original + 4 copies)

☐ **PERSONAL LETTER** (**typed/word processed, 1-2 pages, business foprmat, original + 4 copies**) that addresses:

- Why are you applying for the scholarship?
- How did you become interested in or what influenced you to pursue a career in dietetics?
- What are your personal strengths?
- What are your future professional goals?

This personal letter should be addressed to the Indiana Dietetic Association Scholarship Selection Committee.

Note: This letter is not the same as question 9b on the ADAF application.

☐ **ALL MATERIALS MUST BE MAILED IN 1 ENVELOPE. <u>The application will not be accepted via fax or e-mail.</u>** Please keep a copy of the completed application for your files.

☐ Mail to: **Jennifer Makin, RD, CD**
1915 Broken Oak Road
Fort Wayne, IN 46818

Send by certified mail with return receipt to prevent lost or mishandled mail. If return receipt is not received by deadline, contact the IDA Scholarship chair at Jenpress@hotmail.com

☐ Postmark by **Tuesday, February 15, 2012** for all IDA scholarship applications.

Scholarship awardees will be notified in early April 2012. Recipients will be asked to attend the Indiana Dietetic Association Annual Spring Meeting Scholarship and Awards Luncheon held at the Marten House Hotel in Indianapolis on Thursday, April 19, 2012 to receive their certificate of monetary award. Monetary awards will be sent to the applicant's dietetic program director (internship, coordinated program) or graduate school major professor. All awards must be claimed by December 2012.

IDA WORK EXPERIENCE FORM

Please list all jobs (dietetic and non-dietetic related) you have held over the past 5 years. Start with your most recent work experience.

Dates	**Employer**	**Job Title**	**Brief List of Duties**	**Fulltime or Part-time**	**Paid or Voluntary**	**Average Hours Worked/Week**
9/04- present	*Example*:Smith Nursing Home	AM Dietary Aide	Deliver trays, set-up nourishments, pour juices, clean dining room, etc	Part-time	Paid	10