**Texas Academy of Nutrition and Dietetics Foundation**

**Jane Elizabeth Watkins Cohen Scholarship**

**Supplemental Form**

**Please type all information.**

Your Name: Click here to enter text.

**Purpose**: To promote interest in nutrition education by undergraduate or graduate students or Registered Dietitians. The recipient shall conduct a nutrition education activity as a part of a community nutrition class, a peer education activity with other students on campus or a 4-H youth community group, as part of a research project or a special problems class on nutrition education or similar nutrition education event. Funds may be used for educational materials, supplies, books, copying, samples, computer usage, display materials, registration fees, etc.

**Qualifications**: Same as for other Texas Academy Foundation (TANDF) Scholarships. Students attending Texas A&M University, University of North Texas, Navarro Junior College, Texas Tech University, Sam Houston State University, Texas Woman's University, or from Navarro or Brazos County shall be given priority, in that order.

**Procedures**:

* Complete the following supplemental application information in addition to the TANDF Scholarship Form. Obtain signature of academic advisor verifying initiation of the nutrition education activity or detailed plans and a proposed budget.
* At the completion of the nutrition education activity, the student shall submit an abstract to the Texas Academy Annual Conference and Exhibition (TACE) to apply for a presentation or poster session. A copy of the abstract and a picture of the activity shall be emailed to the TANDF Director at tandfdirector@gmail.com.

**Goals/Plans for your nutrition education activity.**

Click here to enter text.

**Proposed timeline for your nutrition education activity.**

Click here to enter text.

**Budget ($750) maximum.**

Click here to enter text.

**Please select the eligible university or residence:**

 Select a university or residence.

**If you are a student, who is the academic advisor who will supervise the nutrition education**

**activity?**

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| Name: Click here to enter text. | Phone: Click here to enter text. |
| Institution: Click here to enter text. | Email: Click here to enter text. |

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_