**Texas Academy of Nutrition and Dietetics Foundation (TANDF)**

**Scholarship Application Form**

**Deadline:**

**Refer to** [**https://tandfscholarships.org/texas-academy-foundation-applications/**](https://tandfscholarships.org/texas-academy-foundation-applications/)

Use the dropdown boxes and text fields to enter your answers. Text boxes will expand if more space is needed. Full submission instructions are at the end of the form.

To be eligible for a TANDF scholarship, a student must meet the following criteria. Check the boxes in each section as they apply to you.

I am a member of the Academy of Nutrition and Dietetics **and** I reside in Texas at the time of application.

I have a 2.75 or higher overall GPA **and** a 3.0 or higher GPA in nutrition and dietetics courses.

**And** Either:

I have attended a college or university in Texas in the past OR

I plan to use the scholarship fund to attend a college or university in Texas within the next academic year (Fall of this year- Spring of next year)

**And** Either:

I am enrolled in at least 6 semester credit hours in the Fall and Spring semesters\* **OR**

I am a full-time student in, or awaiting acceptance for, an ACEND approved or accredited dietetic supervised practice program for the upcoming school year.

\*If you are graduating in the Fall semester, you will be considered based on the other available criteria.

I will graduate in the Fall semester.

If applicable, the following program-specific criteria is also required:

I am an undergraduate student enrolled in an ACEND program **and** have completed 60 hours or documented junior status. Six (6) of the completed credit hours must be in nutrition, food service, and/or food science courses.

I am a graduate student with a Dietetic Verification Statement from a Didactic Program **and** am enrolled in or accepted to a graduate degree program from an accredited university in nutrition or directly related area (such as Education, Public Health, and Business Administration)

I am a Nutrition and Dietetics Technician student **and** have completed twelve (12) semester hours, three of which must be in nutrition, food service, and /or food science.

**PERSONAL DATA**

|  |  |
| --- | --- |
| Name (Last, First, Middle/Maiden) | Click here to enter text. |
| Current Mailing Address | Click here to enter text. |
| Permanent Mailing Address (to be valid one year from the date of this application) | Click here to enter text. |
| Phone Number | Click here to enter text. |
| Alternate Phone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Are you a US citizen? | Select yes or no |
| Resident of Texas at time of application | Select yes or no  County: Click here to enter text. |
| Academy of Nutrition and Dietetics Membership Number | Click here to enter text. |

**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.

Choose an item. Clinical Dietetics Choose an item. Food Science/Technology

Choose an item. Foodservice Management Choose an item. Administration

Choose an item. Nutrition Education Choose an item. Nutrition Research

Choose an item. Community/Public Health Nutrition Choose an item. Private Practice

Choose an item. Long Term Care/Geriatrics Choose an item. Weight Management

Choose an item. Exercise & Fitness/Wellness Choose an item. Corporate Consulting

Choose an item. Business Choose an item. Higher Education

Choose an item. Other (Specify): Click or tap here to enter text.

**PROGRAM DATA**

**Classification** - Check the box or boxes that describe you and pertain to the **upcoming** Fall-Spring academic year for which the scholarship/grant would be awarded:

Dietetic Technician  Registered Dietitian  Undergraduate

Coordinated Program  Dietetic Internship  Graduate Program

Combined Graduate program/Dietetic Internship

**COURSES**

List all courses in foods, nutrition, food sciences, nutrition and disease, and food service systems from all schools attended. Use additional pages as needed. Grade Point Average must be based on or converted to a 4.0 system.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| College or University | Course Prefix/No. | Course Title | Term & Year | | No. of Credits | Grade Earned | Grade Points Earned |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  | **Total Credits** | | Click here to enter text. | **Total Grade Points** | Click here to enter text. |
| Grade point average in above courses (**divide total grade points by total number of credits):** | | | | Click here to enter text. | | | |
| **Overall** Undergraduate GPA (per transcript(s) – include all undergraduate courses): | | | | Click here to enter text. | | | |
| If applicable, overall graduate GPA (per transcript(s)): | | | | Click here to enter text. | | | |

**Verify GPA listed above by providing transcripts. Unofficial Transcripts must be mailed to the** **Secretary in the same email as your completed application (**[**info4tandf@gmail.com**](mailto:info4tandf@gmail.com)**).**

|  |  |
| --- | --- |
| Faculty Advisor’s Name | Title |
| Click here to enter text. | Click here to enter text. |
| Institution |  |
| Click here to enter text. |  |

**EDUCATION**

List all colleges, universities, or other ACEND\* accredited programs attended or currently attending, with most recent listed first. (\*Accreditation Council for Education in Nutrition and Dietetics)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| College/University | City/State | Start/End Dates | Major | GPA/ Scale  (in major) | Degree or Program |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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). Click here to enter text.

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** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

**Academic/Career Goals**

**What are your short-term goals (1-3 years)?**

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| --- |
| Click here to enter text. |

**Where do you see yourself in 10 years?**

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| Click here to enter text. |

**EMPLOYMENT WORK HISTORY**

List all employment (paid) work experiences in the past 5 years with **most recent first**. When indicating the number of hours, use Hours/Week for ongoing experiences or Total Hours for short-term engagements. Note: Priority is given to experiences from the past 5 years, however, if you have significant experiences from over five years ago, you may include them. Use additional pages as needed.

List current/ **most recent** employment **first**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to select and enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |
| **Name of Employer** | Position Title | Start/End Dates | Hours/Week or Total Hours Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |
| **Name of Employer** | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |

**MEMBERSHIPS**

List all professional, student and honorary organizations you have been involved in for the past 5 years, including dates of participation; list most recent first.

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| Click here to enter text. |

**VOLUNTEER/COMMUNITY SERVICE WORK HISTORY**

List all volunteer (unpaid) activities in the past 5 years with **most recent first**. When indicating the number of hours, **use** **Hours/Week for ongoing experiences or Total Hours for short-term engagements**. Note: Priority is given to experiences from the past 5 years, however, if you have significant experiences from over five years ago, you may include them. Use additional pages as needed.

**Volunteer/community service work history**List current/ **most recent** volunteer activity **first.**

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| --- | --- | --- | --- |
| Name of Organization | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |
| Name of Organization | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |
| Name of Organization | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |
| Name of Organization | Position Title | Start/End Dates | Specify Hours/Week or Total Hours when filling this column |
| Click here to enter text. | Click here to enter text. | Start Date  End Date | Click here to enter text. |
| Key Responsibilities | | | |
| Click here to enter text. | | | |

**LEADERSHIP**

List the leadership positions (appointed or elected offices, etc.) you currently hold or have held in the past; most recent first.

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| Click here to enter text. |

**PUBLICATIONS, PROFESSIONAL PRESENTATIONS, HONORS/SCHOLARSHIPS, AND CERTIFICATIONS RECEIVED.** Include name of honor, award, scholarship, or certificate and date received. Include dates; most recent first.

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| Click here to enter text. |

**FINANCIAL**

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| Were you employed during this (most recent) academic year? | Select yes or no |
| Do you plan to work during the next academic year? | Select yes or no |

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:

* Your financial resources (sources of income including student loans, parents/spouse/others, other grants or scholarships or fellowships, previous savings)
* Does your program allow you to have an outside job?
* Any special circumstances you’d like to be considered by the selection committee.

Description of Financial Situation

|  |
| --- |
| Click here to enter text. |

**Additional Funding Opportunities and Eligibility Requirements**

**Medical City Scholarship—** To be eligible for this scholarship, you must demonstrate evidence of leadership and service to the profession and have a GPA of 3.0 or higher.

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| Will you be enrolled in the Medical City Healthcare Dietetic Internship Program? | **Select yes or no** |
| Are you a Medical City Healthcare Dietetic Internship Program graduate pursuing an advanced degree? | **Select yes or no** |
| Are you currently working for a Medical City Healthcare facility and pursuing an advanced degree? | **Select yes or no** |

**Additional information is required to apply for each of the following. See qualifying questions below for more information and indicate your eligibility by answering yes or no. Remember to complete the supplemental forms found on the website and submit them along with your application.**

**Helen Lane Research Scholarship**

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| Are you a Texas licensed dietitian who plans to attend Texas Academy Annual Conference and Exhibition (TACE) next year? | **Select yes or no** |
| Are you pursuing a research project and applying for a scholarship to fund supplies, books, paper, computer usage, or potential travel related to your research project? | **Select yes or no** |

***If “yes” to both of the above****, please complete the Texas Academy of Nutrition and Dietetics Foundation Nutrition Research Scholarship (Helen Lane) - Supplemental Form which can be found on the Foundation website.*

**Lillian L. Reyes-Gates Continuing Education Scholarship**

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| Are you a graduate student who is a Texas licensed dietitian seeking a grant to attend Texas Academy Annual Conference and Exhibition (TACE) to earn continuing professional education hours next year? | **Select yes or no** |
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*If “yes,” please complete the Lillian L. Reyes-Gates Continuing Education Scholarship - Supplemental Form which can be found on the Foundation website.*

**Jane Elizabeth Watkins Cohen Scholarship**

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| Are you conducting a nutrition education activity or participating in a research project or event related to nutrition education and applying for a scholarship to fund tuition, educational materials, supplies, books, registration fees, computer usage, or display materials? | **Select yes or no** |

***If “yes****”, please complete the Texas Academy of Nutrition and Dietetics Foundation* *Nutrition Education Scholarship (Jane Elizabeth Watkins Cohen) - Supplemental Form which can be found on the Foundation website.*

**Kathryn and George Hudiburgh Scholarship**

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| --- | --- |
| Are you an undergraduate or graduate student or a dietetic intern who supports science-based nutrition? | **Select yes or no** |

*If “yes”, please complete the* *Kathryn and George Hudiburgh - Supplemental Form which can be found on the Foundation website.*

**Leadership Circle Grant**

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| Are you a registered dietitian nutritionist (RDN), nutrition and dietetics technician registered (NDTR), or dietetic intern with current Texas Academy membership who is seeking a grant to conduct a research or nutrition education program? | **Select yes or no** |

*If “yes”, please complete the* *Leadership Circle Grant - Supplemental Form which can be found on the Foundation website.*

**All scholarship applicants: please continue to the Agreements section.**

**AGREEMENTS:**

In submitting this application form, I agree:

* that I meet the qualifications for application and will be enrolled for at least 6 semester credit hours or be a full-time student in an ACEND approved or accredited dietetic supervised practice program in the upcoming fall and spring semesters;
* that the information contained in this application form is true to the best of my knowledge;
* that, barring unforeseen circumstances, I will continue my plans for study as indicated in the application;
* that my application will not be considered for a scholarship if it is incomplete and/or directions for completion are not followed;
* to abide by the following Forfeiture of Scholarship Clause: Texas Academy of Nutrition and Dietetics Foundation (Texas Academy Foundation) Scholarships are awarded for the Fall semester. Scholarship checks will be sent to the applicant’s permanent address by August 15. Recipients must be enrolled in an ACEND accredited dietetic education program or a qualifying graduate program as outlined in the Texas Academy Foundation Standing Rules. Students who fail to meet these criteria will forfeit their scholarship and **must notify the foundation secretary at** **info4tandf@gmail.com.** The funds will then revert to the Texas Academy Foundation treasury.

**I, the undersigned, have read the TANDF 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 TANDF, 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.**

**Your e-Signature is equivalent to a paper signature for this agreement.**

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| Applicant’s Signature | Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Applicant’s Printed Name |  |

**Please submit this application and all supporting documents according to the submission instructions in the following section.**

**Submission Instructions**

**The application form and all enclosures listed below (except letters of recommendation) should be emailed together as attachments to the Foundation Secretary:** **[info4tandf@gmail.com](mailto:info4tandf@gmail.com) by the** **deadline posted on** **tandfscholarships.org. The emailed Packet *from the student* applying for a scholarship will include the following separate attachments:**

* Original completed TANDF Scholarship Application Form
* Any supplemental application forms required for specific scholarships/grants as noted above.
* Unofficial transcripts from the TWO most recent universities or colleges attended with ACEND programs

The email subject line MUST read as follows: **Applicant Last Name, First Name, TANDF Scholarship Application**

**The documents MUST be titled as follows: Applicant Last Name\_ First Name\_Type of Document (e.g., transcript)**

**The following should be emailed directly to** **the** **Foundation Secretary: [info4tandf@gmail.com](mailto:info4tandf@gmail.com) *from the reference source*:**

* Completed TANDF Reference Forms from **only** **two** 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. For students, at least **one** of the two references **must be an academic reference**. (Personal references from other sources are not acceptable.)
* The email subject line should read as follows**: LOR TANDF Scholarship Application**.
* The recommendation form MUST be titled as follows: **Applicant Last Name\_ First Name\_ LOR\_ Last Name of Reference.** 
  + Note – Applicant should be sure that each of the people providing a reference understands that they are to complete the reference form and email it directly to the Foundation Secretary: [info4tandf@gmail.com](mailto:info4tandf@gmail.com)

*All application materials must be emailed no later than* **the deadline posted on tandfscholarships.org.**

*Incomplete applications will not be considered. Failure to follow directions will result in disqualification.*

* *A confirmation email will be sent to you once the secretary receives your application materials.*
* *Applicants will be notified in July and scholarship money will be delivered in August of the current year.*