

At which college in Virginia are you enrolled in the dietetic technician program?

Name _____

Address _____

Program Director _____

Employment Information:

Complete the following information using an additional sheet of paper if necessary. List the most recent employer first. If you have never been employed, you may indicate any volunteer work or experience received through a work-study program.

Employer _____

Address _____

Type of work _____

Dates of employment _____

Reason for leaving _____

Employer _____

Address _____

Type of work _____

Dates of employment _____

Reason for leaving _____

Employer _____

Address _____

Type of work _____

Dates of employment _____

Reason for leaving _____

In 150 words or less discuss your professional and/or career goals and why you selected dietetics as a field of study.

What are your plans following the completion of the dietetic technician program?

CERTIFICATION:

I certify to the best of my knowledge that the information reported here is complete and correct. I understand that this scholarship is for tuition only and cannot be transferred from one college to another. I further understand that if I receive this award, the funds will be available for only one (1) year -- summer, fall, winter, and/or spring quarters -following presentation of the scholarship.

Signature_____

Date_____

The Virginia Dietetic Association maintains a policy of equal opportunity with regard to scholarship awards.

APPLICATION PACKAGES SHOULD BE POSTMARKED BY JANUARY 30 AND MAILED TO:

BRANDIS ROMAN, RD, CNSD
6 CHESTNUT COURT
PALMYRA, VA 22963
Email is: bat5w@virginia.edu
Phone is (434) 924-2723 (W) and (434) 953-5302 (cell).