



College or University now attending, or last attended and address:

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Major: \_\_\_\_\_

Degree Received/ Expected: \_\_\_\_\_ Date: \_\_\_\_\_

Colleges or Universities previously attended, and address:

College	Location	Major	Degree Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate Route to Registration Status:

- Internship                       Traineeship                       Three Year Pre-Planned  
 Master's Degree                       CUP                       Other \_\_\_\_\_

Dietitian(s) who directed route to ADA membership

1. \_\_\_\_\_
2. \_\_\_\_\_

On a separate sheet of paper list all employment. Include institution, position, responsibilities, and dates of employment.

Indicate below the names of the three (3) persons who have furnished references. Be sure to include a reference from your employer if you are currently working:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduate Study Plan:

- a. List your first three (3) choices of graduate schools/ programs (if more than one) to which you have applied. If accepted and enrolled, answer c.

School/Program	Major/Emphasis
_____	_____
_____	_____
_____	_____

- b. Have you been accepted into graduate school /program(s)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If no, when do you expect to receive notification about admission to graduate study?

\_\_\_\_\_

- c. What is your enrollment date? \_\_\_\_\_

School/Program \_\_\_\_\_

Type of student:

Part time \_\_\_\_\_ Credit hrs. enrolled per semester \_\_\_\_\_ or quarter \_\_\_\_\_

Full time \_\_\_\_\_ Credit hrs. enrolled per semester \_\_\_\_\_ or quarter \_\_\_\_\_

Of your selected choices, which graduate program do you plan to enter, if accepted?

- a. Give name of institution and location, a general description of your anticipated studies, and why you selected this particular program?
  
  
  
  
  
  
  
  
  
  
- b. Explain how you expect this graduate study program to contribute to your career goals and improve your contribution to your profession.

What do you plan to do after finishing your graduate studies? (What are your professional plans?)

If you selected a graduate program at a college or university in another state do you plan to return to Virginia after you finish?

Yes\_\_\_\_\_

No\_\_\_\_\_

Indicate professional activities, honors, scholarships received, your professional memberships, publications, volunteer, and/or community nutrition work you have done. (Use another sheet of paper, if necessary.)

Why have you chosen Dietetics as a profession?

Have you received this award before?

Yes \_\_\_\_\_

No \_\_\_\_\_

In submitting my application for the Virginia Dietetic Association Graduate Scholarship, I understand and agree to the following:

- a. That barring unforeseen circumstances, I will continue my plans for study as indicated in the application.
- b. That if circumstances make it necessary to change my plans for graduate work before the date of the award decision, I will notify the Chair of VDA Scholarships, Awards, and Nominations and ask that my application be withdrawn.
- c. That if I am forced to withdraw because of circumstances beyond my control, I may re-apply at a future date.
- d. If unforeseen circumstances prevent my enrollment and I am unable to pursue graduate study, I will return the award money to the VDA Secretary/Treasurer, regardless of level of reimbursement from the college or university.
- e. That the information reported here is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
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).