

## VIRGINIA ACADEMY OF NUTRITION AND DIETETICS

### MARGARET MACDONALD MEMORIAL SCHOLARSHIP (\$1,000) APPLICATION

The VAND established The Margaret MacDonald Memorial Scholarship to honor a member, Miss Margaret MacDonald, following her untimely death in 1948. Miss Margaret MacDonald was an honor student in college, completed her internship at the Medical College of Virginia, and was Head Dietitian at St. Luke's Hospital in Richmond. Prior to her fatal illness, she had been active in dietetic affairs and her death ended a promising professional career. The scholarship, originally established as a loan, was changed in 1951 to a gift scholarship in the amount specified in the annual budget. The scholarship is awarded on the basis of scholastic achievement and promise of excellence in the profession of dietetics.

To be eligible to receive this scholarship, a candidate must:

- A.** Be a graduate (or in final semester of program) of a Virginia college or university, at the time of award.
- B.** Be eligible for a dietetic internship or other approved supervised practice program.
- C.** Submit one (1) original and three (3) copies of all documents including the completed application form, a cover letter, and college transcript(s) (may be unofficial) to the VAND Scholarships Chair by **January 31** of the coming year. One original of each of the two letters of reference should be submitted in a signed and sealed envelope along with the application packet. See specifications for references in application form.

**APPLICATION FORM**  
**MARGARET MACDONALD MEMORIAL SCHOLARSHIP**

**A. General Information**

Name \_\_\_\_\_  
Last, First, Middle

Address \_\_\_\_\_

How long will you be at present address? \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Permanent Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Citizenship \_\_\_\_\_

**B. Education**

List Colleges or Universities currently or previously attended from most to least recent:

College/University Name	Location	Dates Attended	Degree/Major

**C. Work Experience**

List all paid employment from most to least recent:

Institution	Position Held	Major Responsibilities	Dates

**D. Additional Experiences and Awards**

Indicate campus activities, honors, awards, offices held, committees on which you have served, and volunteer and/or community nutrition work or civic service you have completed.

**E. References:**

Indicate below the names of two persons who have furnished references. One reference must be from your department head or a major professor, and one must be from a member of the Virginia Academy of Nutrition and Dietetics.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**F. Cover Letter**

Include a one-page personal cover letter indicating why you are applying for the scholarship, why you chose dietetics as a career, your future professional goals and objectives, and other pertinent information you wish to share.

**CERTIFICATION:** I certify to the best of my knowledge that the information reported here is complete and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Virginia Academy of Nutrition and Dietetics maintains a policy of equal opportunity with regards to scholarship awards.

APPLICATION PACKAGES SHOULD BE MAILED TO THE ADDRESS BELOW **WITH POSTMARK DATE NO LATER THAN JANUARY 31**. YOU WILL RECEIVE E-MAIL NOTIFICATION WHEN YOUR PACKET ARRIVES IF YOU INCLUDED THIS ADDRESS ON THE APPLICATION FORM.

Jana L. Boston, PhD, RD  
P.O. Box 980294  
Richmond,  
VA 23298-0294

For questions, please contact:  
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