VIRGINIA ACADEMY OF NUTRITION AND DIETETICS

GRADUATE SCHOLARSHIP ($1000) APPLICATION

VAND recognizes the value to the profession of the increase in knowledge base and experience of its members. Therefore, in support of this philosophy, VAND awards a graduate scholarship to help a member work toward an advanced degree. To be eligible for the Graduate Scholarship, a candidate must:

1. Have been a member of the VAND for at least one (1) year.
2. Be a resident of Virginia at the time of application.
3. Have been accepted into a graduate study program at the time the award is presented and plan to complete at least two (2) courses per academic year as a part-time student or enroll the minimum hours specified by the institution as a full-time student.
4. Submit one (1) original and three (3) copies of all documents including the completed application form, and a cover letter to the VAND Scholarships Chair by January 15 of the coming year. One original of each of the two letters of reference (one must come from the current employer if candidate is employed) should be submitted in a signed and sealed envelope along with the application packet.
APPLICATION FORM GRADUATE 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____________________ AND Membership Number____________________

Date of Virginia Academy of Nutrition and Dietetics Membership____________________

Have you received this award before? Yes_____ No_____ 

Date of previous award (if applicable) ______________

B. Education

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

<table>
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<tr>
<th>College/University Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree/Major</th>
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Indicate Route to Registration Status:  [ ] Internship [ ] Traineeship [ ] Three Year Pre-Planned
[ ] Master’s Degree [ ] CUP [ ] ISPP [ ] Other ___________________________

Institution and/or Registered Dietitian(s) who directed above route to Registration Status:  (e.g. name of dietetic internship)

1. ______________________________________________________________________
2. ______________________________________________________________________

C. Work Experience
List all paid employment from most to least recent:

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<th>Institution</th>
<th>Position Held</th>
<th>Major Responsibilities</th>
<th>Dates</th>
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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 current employer (if employed). The other reference may be from a professor or previous employer.

Name___________________________________Title_________________________
Address______________________________________________________________
Phone___________________

Name___________________________________Title_________________________
Address______________________________________________________________
Phone___________________

F. Graduate Study Plan:
1. List your first three (3) choices of graduate schools/programs (if more than one) to which you have applied. If already accepted and enrolled, skip to question # 3.

School/Program Major/Emphasis

2. 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?

3. If already accepted or enrolled, answer the following:
Enrollment date__________________
Name and location of school__________________________________________
Program Major/Emphasis_____________________________________________
Type of student: Part time_____ Credit hrs. enrolled per semester_____ or quarter_____

Full time_____ Credit hrs. enrolled per semester_____ or quarter_____

4. 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____

G. Cover Letter
Include a one-page cover letter to include:
• Reasons for applying for the scholarship
• General description of your anticipated studies and why you selected this program
• How you expect this graduate program to contribute to your career goals and improve your contribution to your profession
• What you plan to do after finishing your graduate studies/what are your professional plans

CERTIFICATION: In submitting my application for the VAND 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 VAND Scholarships Chair 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 VAND 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 VAND maintains a policy of equal opportunity with regard to scholarship awards. APPLICATION PACKAGES SHOULD BE MAILED TO THE ADDRESS BELOW WITH POSTMARK DATE NO LATER THAN JANUARY 15. 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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804-828-9108
jana.boston@vcuhealth.org