

**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 31** 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:

College/University Name	Location	Dates Attended	Degree/Major

**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:

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 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 you 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 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  
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Richmond,  
VA 23298-0294

For questions, please contact:

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