

**VIRGINIA ACADEMY OF NUTRITION AND DIETETICS**  
**PROFESSIONAL DEVELOPMENT AWARD (\$500) APPLICATION**

The Joan Dobek Harrell Professional Development Award was originally established by Ross Laboratories, a Division of Abbott Laboratories, to support a member's attendance at a continuing education event. The honorarium has been named in honor of a VAND member, Joan Dobek Harrell, RD, following her untimely death in 1985. Joan Dobek Harrell was an active member of the VAND and was a representative for Ross Laboratories. To be eligible to receive one of these awards, the applicant must:

- A. Have been a member of the VAND for at least one (1) year.
- B. Be a resident of Virginia at the time of application.
- C. Be actively employed or an active volunteer in the field of nutrition/dietetics.
- D. Present a written summary of the educational event attended.
- E. Solicit two (2) letters of reference to be included in the application package:
  - 1. A letter from the applicant's place of employment stating that the employee will be able to attend the educational event.
  - 2. A letter of reference from a recent or present employer, supervisor or appropriate personnel officer, or another VAND member, which should include:
    - a. capacity in which they have known you.
    - b. your initiative and potential as a nutrition professional.
- F. Submit one (1) original and three (3) copies of documents including the completed application form, a cover letter, and the letter authorizing attendance to the meeting to the VAND Scholarships Chair by **January 31** of the coming year. One original letter for each reference should be submitted in a signed and sealed envelope along with the application packet.

**APPLICATION FORM  
PROFESSIONAL DEVELOPMENT AWARD**

**A. General Information**

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

Address \_\_\_\_\_

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

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

AND Membership Number \_\_\_\_\_

Original Date of VAND Membership \_\_\_\_\_

Citizenship \_\_\_\_\_

Have you received this award before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Educational event you plan to attend: (Event name/location/dates)

**B. Cover Letter**

Include a one-page personal cover letter to include a description of the educational event, your present involvement with this subject, how you plan to use the information from the event or how the requested activity will contribute to your professional development, and any other pertinent information.

**C. Work Experience and Professional Activities**

**Note:** Part C may be written here or attach resume´ that includes requested information.

List all paid employment from most to least recent:

| Institution | Position Held | Major Responsibilities | Dates |
|-------------|---------------|------------------------|-------|
|             |               |                        |       |
|             |               |                        |       |
|             |               |                        |       |
|             |               |                        |       |
|             |               |                        |       |

List leadership activities in college, community, AND, VAND, or district dietetic academy:

List any publications:

**D. References:** Indicate below the names of two (2) persons who have furnished references: (Refer to page one for reference instructions)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**E. Responsibility of the Applicant Agreement:** By submitting this application I agree to attend the event listed if I am awarded this honorarium. I will submit an itemized statement of expenses to the VAND Treasurer following the event, which may include registration fees, educational supplies for the meeting, travel, meals, and accommodations. If circumstances make it necessary for me to change plans, I shall notify the VAND Scholarships Chair to withdraw my name from the list of applicants. If all of the money awarded is not used on expenses in attending the event, I will remit the difference to the VAND Treasurer for return to the Award Fund.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

The VAND maintains a policy of equal opportunity with regard to scholarship awards. APPLICATION PACAKAGES SHOULD BE MAILED TO THE ADDRESS BELOW **WITH POSTMARK DATE NO LATER THAN JANUARY 31**. YOU WILL RECEIVE E-MAIL NOTIFCATION WHEN YOUR PACKET ARRIVES IF YOU INCLUDED THIS ADDRESS ON THE APPLICATION FORM.

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For questions, please contact:

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