

SEMDA Scholarship Application



Name: _____ **Phone Number:** _____

First, middle initial, last

Address: _____

Number, street, Apt.

City

State

Zip Code

County

Name of Dietetic Program in which you are currently enrolled: _____

Anticipated date of completion: _____

Names of Programs Previously Attended	Dates Enrolled	Graduation Date	Cumulative GPA

Number of Semester Hours	Attempted	Completed		Projected Semester Hours	# Planned
Current Semester				Next Semester	
Last Semester				Following Semester	

Honors or Awards - Please limit yourself to the space provided and include only those received in the past four years

Employment

Employed at Present Time: _____ Yes _____ No (If yes, Complete Next Two Lines)

Date Started: _____ Organization: _____ Position _____

Hours Per Week: _____ Paid: _____ Volunteer: _____

Duties: _____

Work Experience

Dates	Organization	Position	Duties	Hours/ Week	Paid/ Volunteer

Please briefly summarize why you feel this scholarship will benefit you and how you will use this scholarship money.

Write a paragraph including any additional achievements, which may assist the committee in considering your application (extracurricular activities, professional memberships, offices held, etc).

Names and positions of one (1) instructor and two (2) other individuals requested to write letters of recommendation.
Only 3 letters will be accepted for consideration.

Instructor's Name	Position	Phone Number

Completed application, letters of recommendation, and official transcripts should be sent, in one package. Please see the *SEMDA Scholarship Announcement* or website for due dates. Late and incomplete applications will not be considered.

Note: Applicants will not be discriminated against on the basis of age, race, creed, marital status, national origin, physical handicap, religion, or sex. All materials are confidential.

All of the information in this application is true and complete to the best of my knowledge.

Signature of applicant _____ **Date** _____