

# 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:** \_\_\_\_\_

<i>Names of Programs Previously Attended</i>	<i>Dates Enrolled</i>	<i>Graduation Date</i>	<i>Cumulative GPA</i>

<i>Number of Semester Hours</i>	<i>Attempted</i>	<i>Completed</i>		<i>Projected Semester Hours</i>	<i># Planned</i>
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** \_\_\_\_\_