

WISCONSIN DIETETIC ASSOCIATION, INC.

Scholarship Application Form

Check appropriate scholarship for which you are applying: (may receive a scholarship only once in each category)

- \$1,000.00 ____ Full Time Graduate Scholarship (min 12 credits/ yr)
- \$ 500.00 ____ Part Time Graduate Scholarship (min 6 credits/ yr)
- Undergraduate Scholarship (1st/ 2nd semester Jr.)
 Ada B. Lothe Student Grant- \$1000.00
 Wisconsin Dietetic Association Scholarship Award -\$1000.00
- Wisconsin Dietetic Association Dietetic Technician Scholarship-\$500 (1st year)

Have you ever received a WDA Scholarship? YES
 NO
 Year received _____

Completed applications must include the following items:

1. Official transcript from all universities/institutions attended where 5 or more hours have been earned.
2. Completed application form.
3. Three (3) letters of reference.
4. Resume.
5. Include additional sheets to answer questions as needed.
6. Send all information in one packet.
7. **Must include the original along with three copies of the completed application and any enclosures**
 (total of 4 of everything including 1 original transcript and 3 copies)

Please Print or Type

Name _____ Contact phone number: (____) _____

Last/First

Maiden Name

Permanent Legal Address _____

Street/Post Office Box

City

State

Zip

Present Address _____

Street/Post Office Box

City

State

Zip

Email address: _____

List of Universities or schools attended after high school graduation:

- University _____ Year: _____
- University _____ Year: _____
- University _____ Year: _____
- University _____ Year: _____

List Names and Addresses of three (3) references from whom letters of recommendations were received:

1. _____

2. _____

3. _____

List Professional Organizations and/or Extracurricular Activities: Extra points will be given if a member or have applied for membership to ADA/WDA.

Names of Organization

Office Held or Contribution

FINANCIAL STATEMENT

EXPENSES

Tuition per Semester _____
Books/Fees per Semester _____
Rental Expense _____
Home Mortgage per Month _____
Gasoline per Month _____
Bus Fare _____
Carpooling Costs _____
School Loan Payments _____
Child Care Costs _____
Estimated Medical Expenses per Month _____
Other _____

MONTHLY GROSS INCOME

Wages Monthly _____
Family Contribution _____
School Loans/Grants _____
Scholarship _____
Savings Account _____
Interest on Savings Account _____
AFDC Payments _____
Social Security Benefits _____
V.A. Benefits _____
Other _____

Volunteer/Work Experience – Attach Resume

<u>Place of Employment</u>	<u>Year</u>	<u>Hrs/Week</u>	<u>Description of Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly summarize your professional and career goals and what you hope to contribute to the profession of dietetics.

Expected Graduation Date: _____ **Current Status:** ___Sophomore ___Junior ___Senior ___First year tech

Cumulative Grade Point Average (include transcript): _____

The data I have submitted is correct to the best of my knowledge. I certify I am a Wisconsin resident or qualify for in-state tuition and have completed or are taking the required number of credits for the scholarship I am applying for. I also intend to complete an ADA approved internship, coordinated undergraduate program, graduate program or dietetic technician program. I will promptly report any changes in the information I have provided which will aid the committee in determining my need or merit.

Signature

Date

Mail to: WDA Scholarship Chair
1411 West Montgomery Street
Sparta, WI 54656-1003

**DUE BY: February 15 - either postmarked by
this date or emailed by 5:00 pm CST -
WDA Executive Coordinator
Contact phone number 1-888-232-8631
or wda@centurytel.net**