

FINANCIAL STATEMENT

EXPENSES

Tuition per Semester _____
Books/Fees per Semester _____
Rental Expense _____
Home Mortgage per Month _____
School Loan Payments _____
Transportation Costs _____
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 ___ **Diet tech (student)**

Cumulative Grade Point Average (include transcript): _____

To be completed for Jo Saunders Student Scholarship Only:

- 1. Were you ever involved in Scouting** ___ Yes ___ No
- 2. Are you a DTR or student in Dietetic Technician Program** ___ Yes ___ No
- 3. Briefly summarize your volunteer activities:**

4. Describe your leadership style, and provide an example of when you successfully lead a team or group to complete a project, implement something new, or overcome a challenge

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

Mail to: WDA Scholarship Chair
563 Carter Court, Suite B
Kimberly, WI 54136

Date

**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 eatrightwisc@gmail.com**

Revised December 19, 2011