

Northeast Indiana Academy of Nutrition and Dietetics Scholarship

Introduction

The Northeast Indiana Academy of Nutrition and Dietetics (NEIAND) is pleased to offer a \$500.00 scholarship, for the 2023 - 2024 academic year, to a deserving undergraduate or graduate student majoring in dietetics or nutrition, or to a dietetic intern. Applications are due no later than **February 28, 2023**. The scholarship recipient will be recognized during Nutrition Month.

Eligibility Requirements

Please review the following eligibility requirements for the NEIAND 2023 Scholarship.

- All scholarships and awards sponsored by the NEIAND require the applicant to be a resident of, or from Northeast Indiana as defined by the geographic region and boundaries for the local association. The counties included in the NEIAND area are **Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wabash, Wells and Whitley**
- Applicants must be a student or active member of the Academy of Nutrition and Dietetics and of the Indiana Academy of Nutrition and Dietetics.
- Applicants must meet one of the following criteria for the 2023-2024 academic year:
 1. College senior or junior in didactic or coordinated program in dietetics - GPA at least 3.0 on 4.0 scale.
 2. A dietetic intern.
 3. A graduate student in nutrition or dietetics at a college or university in the state of Indiana.

PLEASE NOTE: Information regarding other scholarships available may be found at Academy Foundation Student Scholarship and Financial Aid Information and Indiana Academy of Nutrition and Dietetics websites.

Application Instructions

Application Deadline - 5 PM February 28, 2023

All applicants must submit the following documents:

1. Completed NEIAND 2023 Scholarship Application which follows in this document.
2. Academic transcripts documenting current GPA.
3. Two letters of reference: One from each a Registered Dietitian and a teacher or academic adviser

Submit all documents via mail to the attention of:

Laura Bollinger MS, RDN, LD
NEIAND President
10627 Diebold Road
Fort Wayne, Indiana 46845

Please direct questions to neiandsecretary@gmail.com

Northeast Indiana Academy of Nutrition and Dietetics Scholarship

NEIAND 2023 Scholarship Application

Applicant Information

Full Name _____

Current Address _____

Street _____

City _____

County _____

State _____

Zip Code _____

Phone Number _____

Email Address _____

County you are from if different from Current Address above _____

Academic Information

Select your status for the 2023-2024 academic year.

_____ Junior or Senior in Didactic or Coordinated Program in Dietetics

_____ Junior or Senior in other Nutrition Program Graduate Student in Nutrition or Dietetics Dietetic Intern

Other _____

Name of College, University or Dietetic Internship you will be attending in the 2023-2024 academic year.

Street Address _____

City _____

State _____

Zip Code _____

Current GPA and Scale _____

Registration Number Academy of Nutrition and Dietetics _____

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References

Please provide the names and credentials of the two individuals providing letters of support of your application. Submit these letters via mail with this Scholarship Application.

1. Name and Credentials _____

2. Name and Credentials _____

Academic Recognition and Awards

List any academic awards, recognition and honors received that you feel are pertinent to this application.

Relevant Experiences and Activities - Paid and Volunteer

List activities in which you have participated since high school (i.e. cultural, service, athletic, volunteer, employment) and leadership roles both on campus and in the community. Give dates and estimates of time (i.e. hours per week) involved in each activity. Distinguish between ongoing and one-time commitments. Include any activities or accomplishments that you feel are appropriate for this application.

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Personal Statement

Describe your educational and career goals and personal factors that have influenced your decision to pursue a career in the field of nutrition and dietetics.

Include information you deem relevant as to why you are deserving of this scholarship.

Disclaimer

By submission of this application, you consent that your answers are true and complete to the best of your knowledge.

Signature _____

Date _____

Print and sign this completed application. Mail this completed and signed application, along with your academic transcript and two letters of reference to the attention of:

Laura Bollinger, MS, RD
NEIAND President
10627 Diebold Road
Fort Wayne, IN 46845

Thank You