

ARKANSAS DIETETIC ASSOCIATION INTERNSHIP AND UNDERGRADUATE SCHOLARSHIP APPLICATION

Name: _____, _____
Last First Middle/Maiden

ADA Member Number: _____

Current Address: _____
Street

_____ City State Zip code

Telephone: Current: (____) _____ Permanent: (____) _____

Work: (____) _____ Other: _____

E-Mail: _____

Permanent Address: _____

EDUCATION BACKGROUND: List most recent first and attach transcripts

College/University	Address	Dates Attended	Degree

Cumulative grade point average based on 4.0 system (listed on current transcript): _____

HONORS, EXTRACUURRICULAR ACTIVITIES:

List organizations, appointed or elected offices, scholarships, and honors received.

SCHOLARSHIPS/FINANNCIAL AID: List names, inclusive dates, and amounts.

EDUCATION EXPENSES: Indicate how your education expenses have been paid

_____ 100% paid for by outside sources _____ 50% paid for by outside sources
_____ 75% paid for by outside sources _____ 25% paid for by outside sources
_____ All paid for by student/family

WORK EXPERIENCE: List the most recent experiences first

Employer	Dates	Hours/Wk	Paid or Volunteer	Title	Duties

REFERENCES:

Name	Address	Phone

DIETETIC INTERSHIP: (for Internship Scholarship only)

Institution: _____

Address: _____

FACULTY ADVISOR: _____ **Title:** _____

Address: _____

Phone Number: _____

I certify that the information that I have provided in this application is true and accurate and recognize that any false or incorrect statements made herein will be grounds for relinquishing this scholarship.

Applicant's Signature or E-mail Signature

Date