

**THE MARYLAND DIETETIC ASSOCIATION  
THE MARYLAND DIETETIC ASSOCIATION FOUNDATION**

**DIETETIC TECHNICIAN AWARD  
\$750**

**ELIGIBILITY**

- \* Must be accepted into or enrolled in an American Dietetic Association approved dietetic technician program.
- \*Must be a Maryland resident or be attending/planning to attend a Maryland school.
- \*Must not have been the recipient of this award in the previous calendar year.

**APPLICATION PACKAGE SHOULD INCLUDE:**

1. A resume to include:
  - \*Name, present address, permanent address, telephone number.
  - \*All work experience, including dates.
  - \*All colleges or universities attended (including dates)
  - \*The dietetic technician program you are attending or planning to attend.
  - \*Any other information that you might feel is important.
  
2. Original transcripts from all colleges/universities you have attended or presently attend. If you have not taken at least 15 credits at the college level, send high school transcripts or copy of diploma.
  
3. Three statements of recommendation. You may wish to request the recommendations from individuals such as:
  - a. The program director or department chairperson.
  - b. Your major professor or academic advisor.
  - c. A present or former employer.Use the official recommendation forms enclosed. If you wish your recommendations to be confidential, ask individuals writing recommendations to enclose them in a sealed envelope and sign across the back flap.
  
4. A written statement (typed) which includes:
  - \*Which award you are applying for.
  - \*The personal and academic experiences which have stimulated your interest in dietetics.
  - \*Your anticipated contribution to the field in the future.
  - \*Your financial need for this scholarship
  - \*Unique abilities and qualifications that make you appropriate for this award.
  
5. Proof of enrollment in or acceptance into a dietetic technician program.

6. This application instruction sheet with the signed statement agreeing to notify the MDA if you cannot continue your plan of study or wish to withdraw your application (statement below - please sign).
7. Proof of Maryland residence (driver's license, voter registration card) if not attending a Maryland school.

**DEADLINE**

March 16, 2012

**SEND APPLICATION PACKET TO:**

Elizabeth Panter RD, LDN, CNSD  
JHBMC Clinical Nutrition Dept  
3<sup>rd</sup> floor, A bldg, 307  
4940 Eastern Ave  
Baltimore, MD 21224

*Please send all information in one packet.*

If you have questions please e-mail epanter1@jhmi.edu.

I agree to notify the Maryland Dietetic Association promptly if I cannot continue the program of study described above or if I wish to withdraw this application for any reason.

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(Signature)

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(Date)