

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

**RETURNING GRADUATE STUDENT AWARD
\$1000**

ELIGIBILITY

- * Must have a bachelor's degree and be returning to school to pursue a graduate degree in a field related to the practice of dietetics (e.g. nutrition science, public health, community health education, foodservice administration).
- *Must be a registered dietitian.
- *Must be a Maryland resident or be attending or 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)
 - *College/university 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 are presently attending.
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 a graduate 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 college/university.

DEADLINE

March 16, 2012

SEND APPLICATION PACKET TO:

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

Please include 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.

(Signature)

(Date)