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| The maryland academy of nutrition and dietetics (mand) foundation |
| The Maryland Academy of Nutrition and Dietetics Foundation |
| Awards and Scholarships |
|  |
| **Caitlin Krekel, MAND Foundation President** |
| **Version 2.01** |

**1 March 2018**

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# List of Abbreviations

|  |  |
| --- | --- |
| AND | Academy of Nutrition and Dietetics |
| ANDF | Academy of Nutrition and Dietetics Foundation (also known as Academy Foundation) |
| CDR | Commission on Dietetic Registration |
| CV | Curriculum Vitae |
| DI | Dietetic Internship |
| DPD | Didactic Program in Dietetics |
| MAND | Maryland Academy of Nutrition and Dietetics |
| MDAF | Maryland Dietetic Association Foundation |
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# The Maryland Academy of Nutrition and Dietetics (MAND) Foundation

## History of the MAND Foundation

In 1926, the Baltimore Dietetic Association was organized by eleven charter members. In 1932, that organization became affiliated with the American Dietetic Association (ADA) as the Maryland Dietetic Association (MDA). By 1935, the MDA’s constitution and bylaws were approved.

In 1970, the MDA became incorporated as a non-profit, charitable, educational organization under Section 501 (c)(3) of the Internal Revenue Service tax code.

In the fall of 1991, the Maryland Dietetic Association legally changed its name to the Maryland Dietetic Association Foundation, Inc. (MDAF); and new, separate entity was incorporated as the Maryland Dietetic Association, Inc. Incorporating MDA and MDAF as separate entities allowed MDA to become more active in pursuing legislative interests while, at the same time, facilitated the continuation of charitable and educational activities through MDAF.

In January 2012, the ADA officially changed its name to the Academy of Nutrition and Dietetics (AND). Several state affiliates, including the Maryland Dietetic Association followed suit and legally changed their name to the Maryland Academy of Nutrition and Dietetics (MAND) the same year.

In 2016 the MDAF moved to formally change its name to the Maryland Academy of Nutrition and Dietetics (MAND) Foundation.

As a tax-exempt entity under Section 501 (c)(3) of the Internal Revenue Code, the MAND Foundation may not conduct political activities and was instead designed to be a charitable organization that supports scholarships and educational opportunities related to nutrition and dietetics in Maryland. Financial support for the MAND Foundation comes from tax-deductible voluntary contributions from members and non-members, other organizations (such as MAND), and corporations. The MAND Foundation Board of Directors, which includes board members from the Maryland Academy of Nutrition and Dietetics, establishes the policies, procedures and eligibility criteria for the selection and distribution of the MAND Foundation funds.

## Mission of the MAND Foundation

The MAND Foundation funds education and research initiatives to promote optimal nutrition, health and well-being of the public.

## Vision of the MAND Foundation

The MAND Foundation will be an innovative and effective non-profit fund raiser for nutrition education and research initiatives.

# Awards and Scholarships Currently Available Through the MAND Foundation

## JANE HARTMAN AWARD FOR PURSUING AN UNDERGRADUATE DEGREE IN DIETETICS OR A DIETETIC INTERNSHIP

## E.V. McCOLLUM RETURNING GRADUATE STUDENT AWARD

## HELEN D. MULLAN CONTINUING EDUCATION AWARD

# JANE HARTMAN AWARD FOR PURSUING AN UNDERGRADUATE DEGREE IN DIETETICS OR A DIETETICS INTERNSHIP

**$1,000**

## Background

**G. Jane Hartman** (June 18, 1914 – August 21, 2004)was a leader inthe American and Maryland Dietetic Associations (ADA/MDA), now known as the Academy and the Maryland Academy of Nutrition and Dietetics. She was a staunch advocate of student education and of the administrative branch of the profession and of students. She supported and mentored minority group dietetic students as well as many other dietitians, students, and interns. She received her BS from West Virginia University and her MS from Drexell University in Philadelphia. While Chair of the then Food Administration Section and twice President of MDA, she created classes to develop the expertise of food service managers throughout Maryland. These classes became the model for other states to emulate. At the national level, Jane Hartman served on the ADA Council and in the House of Delegates. She was a strong mentor to many dietitians still in practice in Maryland and elsewhere. Scholarships in her name have been established by both the AND Foundation and the MAND Foundation, honoring her vision of the expanding field of dietetics and nutrition. *A special thank you to Jane Libby for contributing this background information.*

## Award Amount

* $1,000

## Eligibility Requirements

* Must be a current member of the Academy of Nutrition and Dietetics (AND) and the Maryland Academy of Nutrition and Dietetics (MAND).
* Must be pursuing an undergraduate degree in dietetics from a college or university accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND), enrolled or planning to enroll in an ACEND accredited Dietetics Internship (DI), or enrolled or planning to enroll in an ACEND accredited Coordinated Program in Dietetics.
  + Undergraduate students must have a minimum standing as a junior in an ACEND accredited college or university for the academic term to which scholarship funds will be awarded.
  + Associate’s degree students who have been accepted into an ACEND accredited DPD program are eligible for the Jane Hartman Award.
* Must be a Maryland resident and/or attending a college or university based in Maryland or accepted into or already enrolled in a DI based in Maryland.
* Must have a minimum of a 3.0 grade point average (GPA) at the time of application submission.
* Cannot have a graduate degree or be working toward a graduate degree independent of a DI or Coordinated Program in Dietetics.
* Must not have been the recipient of this award in the previous calendar year.
* Must agree to submit an article summarizing the highlights of the educational activities funded by this award. See Funding Stipulations section for details.

## Funding Stipulations

To receive reimbursement, a scanned copy of the receipt indicating tuition/course cost paid in full must be submitted to [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org) within sixty (60) days from the date the payment is made. Reimbursement will not be paid unless the required documentation is submitted in accordance with the specified time frame.

Reimbursement will be paid for a pass/fail course only with proof that course is part of required curriculum for the degreed program the scholarship winner is seeking.

Tuition Reimbursement will be paid by check or other approved delivery medium by the MAND Foundation Treasurer within 60 days of receiving the required documentation.

No unused benefit may be carried over or applied to subsequent years.

Awardee must submit a written summary of at least 500 words by March 1st, 2019. The article should include a reflection on the educational activities funded by this award, with at least three key learning outcomes and an overview of how the program was beneficial to the recipient. The goal of the article should be to provide insights on lessons learned. The article, or quotes from the article, may be published in the MAND e-blast, Chesapeake Lines, or on the MAND website (MAND Foundation page). The MAND Foundation Scholarship Committee has the right to refuse or request changes to the article prior to publication.

**Guidelines**

For degreed programs, reimbursement is for tuition only and does not include textbooks or miscellaneous fees such as parking fees, materials or lab fees, etc. In addition, fees and/or tuition covered by grants, scholarships or certain other financial aid will not be covered.

There is no commitment, implied or actual, to reimburse scholarship winner’s tuition expenses until such time that all required documents are received and signed by the respective scholarship winner and the President and Treasurer of the MAND Foundation.

## Application Package Requirements

The Application Package should include:

1. **A resume or Curriculum Vitae (CV)**, including:
   * Your name, current address, permanent address (if different than current address), telephone number, and email address.
   * All work experience and corresponding dates of employment.
   * All colleges or universities attending and corresponding dates of when enrolled.
   * If applicable, the name and/or school of the dietetic internship program you are accepted into or are enrolled in currently.

All other information you feel may be of importance.

1. **A listing of all colleges and universities you have attended, including those you are currently attending** (with the most recent listed first) **and a copy of your transcripts** **or a written verification of GPA** from your program advisor(s). Please see the GPA VERIFICATION FORM.
2. **Proof of enrollment in or acceptance to an ACEND accredited DI program, DPD program, or Coordinated Program in Dietetics.** 
   * Applicants who participated in this year’s computer matching process must include a completed DIETETIC INTERNSHIP VERIFICATION FORM.
3. **At least one (up to three) letter(s) of recommendation.**
   * Provide the SCHOLARSHIP RECOMMENDATION FORM to the individual(s) who will be providing the recommendation(s) for your application.
   * It is recommended that at least one recommendation come from a registered dietitian.
   * Each recommendation should be from someone who knows you well and is able to share information about you that is unique from your transcript and/or that may corroborate statements from your written statement (see below).
   * While we do not require information from specific professors or program directors, you may wish to consider requesting recommendations from individuals such as:
     + Your program director or department chairperson
     + A professor from your program or your academic advisor
     + A present or former employer
     + A present or former mentor

The SCHOLARSHIP RECOMMENDATION FORM should be filled out as completely and accurately as possible; each SCHOLARSHIP RECOMMENDATION FORM should be signed and must include the name, contact information (email address and telephone number), title, and the nature of the relationship as it relates to you (i.e. Program Director, former employer, etc.).

1. **A type-written statement** which includes:
   * The award for which you are applying.
   * The personal and/or academic experiences which have stimulated your interest in the field of dietetics.
   * Your short and long-term goals and what you hope or anticipate contributing to the field in the future.
   * Your unique abilities and/or qualifications that make you appropriate for this award (e.g. Leadership positions held, volunteer experiences/participation at the national, state, or local level in the field of dietetics, etc.).
2. **A dated and hand-signed statement agreeing to notify the MAND Foundation if you are unable or unwilling to continue your plan of study or wish to withdrawal your application**.

The statement is to be worded in the following way:

“I, \_\_\_(first and last name)\_ , agree to notify the MAND Foundation promptly if I cannot continue the program of study described above or if I wish to withdraw this application for any reason.”

1. **Proof of Maryland residency** (copy of current lease, utility bill no more than 2 months old, driver’s license, voter’s registration, etc.) if you are not attending a program or school located in the state of Maryland.
2. **Active Maryland Academy of Nutrition and Dietetics Membership.** MAND membership to be confirmed through the MAND official registry at the time of application. To see how to change your current state affiliation to Maryland please see [HOW TO CHANGE YOUR AND STATE AFFILIATION FORM](#_How_To_Change).

## Application Deadline

**Applications are due by midnight on May 11th, 2018.**

## Application Submission

Send the completed application packet, including all required items to:

[MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org)

# E.V. McCOLLUM RETURNING GRADUATE STUDENT AWARD

**$1,000**

## Background

**Elmer Verner McCollum** (March 3, 1879 – November 15, 1967) was an American [biochemist](https://en.wikipedia.org/wiki/Biochemist) known for his work on the influence of [diet](https://en.wikipedia.org/wiki/Diet_(nutrition)) on [health](https://en.wikipedia.org/wiki/Health).McCollum is also remembered for starting the first [rat](https://en.wikipedia.org/wiki/Laboratory_rat) colony in the United States to be used for nutrition research. *Time* magazine called him Dr. Vitamin.His rule was, "Eat what you want after you have eaten what you should.” Living at a time when vitamins were unknown, he asked and tried to answer the questions, "How many dietary essentials are there, and what are they?"He and [Marguerite Davis](https://en.wikipedia.org/wiki/Marguerite_Davis) discovered the first vitamin, named vitamin A, in 1913. McCollum also helped to discover vitamin B and vitamin D and worked out the effect of trace elements in the diet.

His second wife, the late Ernestine Becker McCollum, RD, helped in later years to maintain the rat colony in his laboratory.

Always a nutrition visionary and advocate of dietitians, Dr. McCollum gave much of his time and energy to dietitians and dietetic students in Maryland. After his death in 1967, the then MDA (now MAND) Foundation established the E.V. McCollum Scholarship in his honor.  *References from Wikipedia; a special thanks to Jane Libby for contributing this background information.*

## Award Amount

* $1,000

## Eligibility Requirements

* Must be a current member of the Academy of Nutrition and Dietetics (AND) and the Maryland Academy of Nutrition and Dietetics (MAND).
* Must have an undergraduate degree in dietetics from an ACEND accredited program OR have completed an ACEND accredited coordinated program in dietetics 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, food service administration, etc.).
* All applicants must have had a minimum of a 3.0 GPA in their undergraduate program.
* Must be a Maryland resident OR be attending or planning to attend a Maryland-based school.
* Must be a registered dietitian and licensed to practice dietetics in the state of Maryland.
* Must not have been the recipient of this award in the previous calendar year.
* Must agree to submit an article summarizing the highlights of the educational activities funded by this award. See Funding Stipulations section for details.

## Funding Stipulations

To receive reimbursement, a scanned copy of the receipt indicating tuition/course cost paid in full must be submitted to [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org) within sixty (60) days from the date the payment is made. Reimbursement will not be paid unless the required documentation is submitted in accordance with the specified time frame.

Reimbursement will be paid for a pass/fail course only with proof that course is part of required curriculum for the degreed program the scholarship winner is seeking.

Tuition Reimbursement will be paid by check or other approved delivery medium by the MAND Foundation Treasurer within 60 days of receiving the required documentation.

No unused benefit may be carried over or applied to subsequent years.

Awardee must submit a written summary of at least 500 words. The article should include a reflection on the educational activities funded by this award, with at least three key learning outcomes and an overview of how the program was beneficial to the recipient. The goal of the article should be to provide insights on lessons learned. The article, or quotes from the article, may be published in the MAND e-blast, Chesapeake Lines, or on the MAND website (MAND Foundation page). The MAND Foundation Scholarship Committee has the right to refuse or request changes to the article prior to publication.

**Guidelines**

For degreed programs, reimbursement is for tuition only and does not include textbooks or miscellaneous fees such as parking fees, materials or lab fees, etc. In addition, fees and/or tuition covered by grants, scholarships or certain other financial aid will not be covered.

There is no commitment, implied or actual, to reimburse scholarship winner’s tuition expenses until such time that all required documents are received and signed by the respective scholarship winner and the President and Treasurer of the MAND Foundation.

## Application Package Requirements

The Application Package should include:

1. **A resume or CV**, including:
   * Your name, current address, permanent address (if different than current address), telephone number, and email address.
   * All work experience and corresponding dates of employment.
   * All colleges or universities attending and corresponding dates of when enrolled.
   * The name and school for the graduate program you are attending or are planning to attend.
   * All other information you feel may be of importance.
2. **A listing of all colleges and universities you have attended, including those you are currently attending**, if applicable (with the most recent listed first) **and a copy of your transcripts** **or a written verification of GPA** from your program advisor(s). Please see the GPA VERIFICATION FORM.
3. **Proof of status as a registered dietitian (Commission on Dietetics (CDR) registration number) and proof of being licensed to practice dietetics in the state of Maryland (copy of Maryland licensure).**
4. **At least one (up to three) letters of recommendation.**
   * Provide the SCHOLARSHIP RECOMMENDATION FORM to the individual(s) who will be providing the recommendation(s) for your application.
   * It is recommended that at least one recommendation come from a registered dietitian.
   * Each recommendation should be from someone who knows you well and is able to share information about you that is unique from your transcript and/or that may corroborate statements from your written statement (see below).
   * While we do not require information from specific professors or program directors, you may wish to consider requesting recommendations from individuals such as:
     + Your program director or department chairperson
     + A professor from your program or your academic advisor
     + A present or former employer
     + A present or former mentor
   * The SCHOLARSHIP RECOMMENDATION FORM should be filled out as completely and accurately as possible; each SCHOLARSHIP RECOMMENDATION FORM should be signed and must include the name, contact information (email address and telephone number), title, and the nature of the relationship as it relates to you (i.e. Program Director, former employer, etc.).
5. **A type-written** statement which includes:
   * The award for which you are applying.
   * The personal and/or academic experiences which have stimulated your interest in the field of dietetics.
   * Your short and long-term goals and what you hope or anticipate contributing to the field in the future.
   * Your unique abilities and/or qualifications that make you appropriate for this award (e.g. Leadership positions held, volunteer experiences/participation at the national, state, or local level in the field of dietetics, etc.).
6. **A dated and hand-signed statement agreeing to notify the MAND Foundation if you are unable or unwilling to continue your plan of study or wish to withdrawal your application.**

The statement is to be worded in the following way:

“I, \_\_\_ (first and last name)\_ , agree to notify the MAND Foundation promptly if I cannot continue the program of study described above or if I wish to withdraw this application for any reason.”

1. **Proof of acceptance or enrollment in a graduate school program.**
2. **Proof of Maryland residency** (copy of current lease, utility bill no more than 2 months old, driver’s license, voter’s registration, etc.) if you are not attending a program or school located in the state of Maryland.
3. **Active Maryland Academy of Nutrition and Dietetics Membership.** MAND membership to be confirmed through the MAND official registry at the time of application. To see how to change your current state affiliation to Maryland please see [HOW TO CHANGE YOUR AND STATE AFFILIATION FORM](#_How_To_Change).

## Application Deadline

**Applications are due by midnight on May 11th, 2018.**

## Application Submission

Send the completed application packet, including all required items to:

[MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org)

# HELEN D. MULLAN CONTINUING EDUCATION AWARD

**Up to $500 per award**

## Background

This scholarship is in remembrance and to serve as a tribute to Hellen D. Mullan,MBA, RD, LD, who was a member of the Academy of Nutrition and Dietetics and MAND for over 40 years. Throughout that time, she had the opportunity to interact with and mentor many dietitians, dietetic technicians, and dietetics students. She was also active in MSPEN and MDA having served multiple roles, including terms as President, of both groups. The intent of this award is to provide monetary support for continuing education in honor of Helen D. Mullen who strongly supported learning at all levels – from new practitioners to experienced RDs. This award is open to registered dietitians, dietetic technicians registered, dietetic interns and dietetic students. *A special thanks to Marie DeMarco and the family and friends of Hellen Mullan for contributing this background information.*

## Award Amount

* Up to $500 per award
* May award up to four winners per year
* Award can only be applied to registration fees and travel expenses (lodging and/or transportation)
* Awards will be presented as a voucher redeemable for cash reimbursement **after** completion of the continuing education event and all reimbursement requirements (see Reimbursement Requirements).

**NOTE:** If the award recipient’s personal costs exceed the amount of the award (>$500), the recipient is responsible for, and agrees to cover, any additional expenses associated with attending the educational program over the award amount.

## Eligibility Requirements

* Must be a current member of the Academy of Nutrition and Dietetics (AND) and the Maryland Academy of Nutrition and Dietetics (MAND).
* Must fall within one (or more) of the following categories:
  + Currently working in a dietetics-related job as a registered dietitian
  + Currently working in a dietetics-related job as a dietetic technician, registered
  + An undergraduate dietetics student in an ACEND accredited program
  + Currently in a Maryland-based dietetic internship program
  + Have an undergraduate degree in dietetics from an ACEND accredited program and be returning to/enrolled in school to pursue a graduate degree in a field related to the practice of dietetics
* The educational seminar/conference/workshop must have nutrition-related pre-approved credits.
* The educational seminar/conference/workshop must take place between June 1, 2018 and May 31, 2019; applicants should not apply for funding for an event they have already attended.
* Must not have been the recipient of this award in the previous two years.
* Must be willing to submit a written article or host an education event presenting what was learned at the Continuing Education Event. See Funding Stipulations section for details.
* Preference will be given to those who have nutrition-related volunteer experience.

## Funding Stipulations

To receive reimbursement, a scanned copy of all relevant receipts (those for which the individual is seeking reimbursement) must be submitted to [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org) within sixty (60) days of the date of which the CEU event was attended. Reimbursement will not be paid unless the required documentation is submitted in accordance with the specified time frame and only for those expenses which the MAND Foundation has agreed to reimburse (registration and/or hotel fees) for a total of up to $500.

Tuition Reimbursement will be paid by check or other approved delivery medium by the MAND Foundation Treasurer within 60 days of receiving the required documentation.

No unused benefit may be carried over or applied to subsequent CEU events or other courses.

**Guidelines**

Reimbursement amounts of up to $500 for eligible CEU expenses (registration, travel, or lodging expenses) will only be provided to the respective scholarship awardee after adequate proof (receipts itemizing expenses) have been provided to the MAND Foundation. Other related expenses (such as travel costs, food, etc.) and/or those covered by other grants, scholarships or other forms of financial aid will not be covered.

There is no commitment, implied or actual, to reimburse scholarship winner’s tuition expenses until such time that all required documents are received and signed by the respective scholarship winner and the President and Treasurer of the MAND Foundation.

All scholarship awards are non-transferrable.

## Application Package Requirements

The Application Package should include:

1. **A resume or CV**, including:
   1. Your name, current address, permanent address (if different than current address), telephone number, and email address.
   2. All work experience and corresponding dates of employment.
   3. All colleges or universities attending and corresponding dates of when enrolled.
   4. The name and school for the graduate program you are attending or are planning to attend, if applicable.
   5. All other information you feel may be of importance.
2. **If applicable (dietetic students and dietetic interns), a listing of all colleges and universities you have attended, including those you are currently attending**, if applicable (with the most recent listed first) **and a copy of your transcripts** **or a written verification of GPA** from your program advisor(s). Please see the GPA VERIFICATION FORM.
3. **If applicable (dietetic interns who are currently enrolled or have been accepted into a Maryland-based dietetic internship program), a completed copy of the** DIETETIC INTERNSHIP VERIFICATION FORM**.**
4. **If applicable (graduate students), proof of enrollment in a graduate program.**
5. **If applicable, proof of status as a registered dietitian or as a dietetic technician, registered (Commission on Dietetics (CDR) registration number) and proof of being licensed to practice dietetics in the state of Maryland (copy of Maryland licensure).**
6. **Proof of Maryland residency** (copy of current lease, utility bill no more than 2 months old, driver’s license, voter’s registration, etc.) if you are not attending a program or school located in the state of Maryland.
7. **A completed** TEMPLATE FOR PERSONAL WRITTEN STATEMENT**.**
8. **A completed** HELLEN D. MULLAN CONTINUING EDUCATION APPLICATION**.**
9. **Applicant must be active Maryland Academy of Nutrition and Dietetics Membership.** No form required. MAND membership to be confirmed through the MAND official registry at the time of application. To see how to change your current state affiliation to Maryland please see HOW TO CHANGE AND STATE AFFILIATION form.

## Reimbursement Requirements

* Awards will be presented in the form of a voucher intended to provide the recipient with financial support for the registration fees associated with a specific educational event.
* Each voucher will be redeemable for cash reimbursement after completion of the following:
  + Documentation of completion of the continuing education event (copy of CPE certificate)
  + Submission of a completed expense report with proof of expenses (original receipts) to the MAND Foundation
  + Complete one of the following:

1. Submit a written critique and summary of at least 500 words. The article should include a summary of the educational event attended, with at least three key learning outcomes and an overview of how the program was beneficial to the recipient. The goal of the article should be to provide insights on lessons learned. The article should be submitted within two months of attending the educational event. The article, or quotes from the article, may be published in the MAND e-blast and/or on the MAND website (MAND Foundation page). The MAND Foundation Scholarship Committee has the right to refuse or request changes to the article prior to publication.
2. Host an educational event (in-person presentation, such as at the MAND Annual meeting, podcast, webinar, etc.) presenting what was learned at the continuing education event. The presentation should, preferably, provide CEU credits to those in attendance, and should be given to other dietetic professionals (student, interns, practicing registered dietitians and/or dietetic technicians, registered) at an event like the MAND Annual Meeting or a MAND continuing education event. The presentation should present knowledge gained and summarize the key insights of the educational event attended, including the main learning outcomes.

* Vouchers are non-transferable.

## Application Deadline

**Applications are due by midnight on May 11th, 2018.**

## Application Submission

Send the completed application packet, including all required items to:

[MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org)

# APPENDIX

# GPA VERIFICATION FORM

**Dear Maryland Academy of Nutrition and Dietetics (MAND) Foundation,**

**This letter is to verify that the GPA information provided below for** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(insert applicant name)* **is correct and matches the GPA information the applicant provided on their MAND Foundation Scholarship Application.**

List all colleges and universities attended or currently attending**,** with most recent listed first.

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **GPA\*** | **Dates of Attendance** | **Degree Received** |
|  |  |  |  |
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|  |  |  |  |
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\*Provide cumulative GPA and based on a 4.0 system or converted to a 4.0 system. Contact your school for assistance to facilitate conversion.

**Signed,**

|  |
| --- |
|  |

**Your Name**

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| --- |
|  |

**Your Title and College or University**

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**Phone**  **E-mail**

*Please include your name and contact information. The MAND Foundation Scholarship Committee may contact you to verify the information submitted on this form.*

*The completed form should be returned to the applicant so that they can submit it with their scholarship application.*

**Please contact Caitlin Krekel with the MAND Foundation with questions at:** [**MANDFoundation@eatwellmd.org**](mailto:MANDFoundation@eatwellmd.org)

# DIETETIC INTERNSHIP VERIFICATION FORM

(COMPLETION OF THIS FORM IS ONLY NEEDED FOR APPLICANTS WHO PARTICIPATED IN THIS YEAR’S COMPUTER MATCHING PROCESS)

Applicants who participated in this year’s computer matching process must complete and return this form to [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org) as part of the full scholarship application submitted.

**Students who fail to notify the MAND Foundation of their acceptance to a DI program will be dropped from the eligible pool of scholarship applicants.**

|  |  |
| --- | --- |
| Member ID # |  |
| Name of Student Member |  |
| Member Address |  |
| City/State/Zip |  |
| Telephone |  |
| Email |  |

**Please check one:**

I participated in this year’s dietetic internship computer matching and will be enrolled in the following program.

|  |  |
| --- | --- |
| Name of DI program |  |
| Location of DI (city/state) |  |

I participated in this year’s dietetic internship computer matching and did not receive a match. I will be enrolling in a coordinated program for the upcoming academic year\*.

|  |  |
| --- | --- |
| Name of coordinated program in dietetics |  |
| Location of program (city/state) |  |

*\* Note: Jane Hartman Award scholarships funds may only be used towards tuition for* *an ACEND accredited DI program, DPD program, or Coordinated Program in Dietetics.*

If you have any questions, please contact the MAND Foundation at: [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org)

# SCHOLARSHIP RECOMMENDATION FORM

To be completed by the individual recommending the applicant

|  |
| --- |
|  |

**Your Name and Credentials**

**Are you a Registered Dietitian (RD) or a Registered Dietitian Nutritionist (RDN)?**

**Yes**  **No**

|  |
| --- |
|  |

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**Phone**  **E-mail**

*Please include your name and contact information. The MAND Foundation Scholarship Committee may contact you to verify the information submitted on this form.*

|  |
| --- |
|  |

**Applicant’s Name**

|  |
| --- |
|  |

**How long have you known the applicant?**

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please select the rating that best describes the applicant for each category on a scale of 1 to 5 with:**  5=Outstanding; 4=More than Satisfactory; 3=Satisfactory; 2=Needs Improvement; 1=Unsatisfactory; NA=Not Applicable | | | | | | |
| **Scholarship:** | **1** | **2** | **3** | **4** | **5** | **NA** |
| **Overall academic achievement** |  |  |  |  |  |  |
| **Nutrition content/knowledge** |  |  |  |  |  |  |
| **Conceptual Skills** |  |  |  |  |  |  |
| **Organization Skills** |  |  |  |  |  |  |
| **Works Independently** |  |  |  |  |  |  |
| **Initiative/Motivation** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
| **Professional Potential:** | **1** | **2** | **3** | **4** | **5** | **NA** |
| **Leadership potential** |  |  |  |  |  |  |
| **Communication skills:** |  |  |  |  |  |  |
| **Oral** |  |  |  |  |  |  |
| **Written** |  |  |  |  |  |  |
| **Interpersonal skills:** |  |  |  |  |  |  |
| **Peers/co workers** |  |  |  |  |  |  |
| **Teachers/Supervisors** |  |  |  |  |  |  |
| **Extracurricular Activities:** |  |  |  |  |  |  |
| **Volunteer experience** |  |  |  |  |  |  |
| **Professional Memberships** |  |  |  |  |  |  |

**Relationship to applicant?**

**SCHOLARSHIP RECOMMENDATION FORM (page 2 of 2)**

**Describe applicant’s strengths (200 words or less):**

|  |
| --- |
|  |

**Describe applicant’s needed areas of improvement (200 words or less):**

|  |
| --- |
|  |

**Overall how would you recommend the applicant for a MAND Foundation scholarship?**

Highly recommend

Recommend

Not recommended

Please send your completed recommendation form directly to the MAND Foundation at [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org) as a separate attachment (from the rest of the individual’s application packet). Put the individual’s name for whom you have completed this form as the subject heading.

Questions? Contact us at [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org)

# TEMPLATE FOR PERSONAL WRITTEN STATEMENT

Once you have completed the form, please feel free to delete the descriptors located in the brackets, i.e. [name of scholarship/award]

|  |  |
| --- | --- |
| Date of Letter |  |
| Name of Applicant (First and Last) |  |
| Mailing Address |  |
| City/State |  |
| Telephone Number |  |
| Email Address |  |

Dear MAND Foundation,

My name is       **[first and last name];** I am applying for the       **[name of scholarship/award]** from the MAND Foundation

I am       **[currently or planning to attend]** the       **[name of program]** program at       **[college/university name]**, located in       **[state of program**].

My interest in the field of dietetics stems from       **[personal/academic experience(s)]**.

My short and long-term goals and what I hope/anticipate contributing to the dietetics field include the following       **[description of the short and long-term goals and contributions you hope/anticipate being able to make to the field of dietetics]**.

I feel I am appropriate for this scholarship because       [**provide a description of your unique abilities and/or qualifications that make you appropriate to receive this award, including any relevant leadership positions held, volunteer experience(s) at the national, state, or local level in the field of dietetics and any other items you feel may contribute to your selection for this award]**.

I       [**first and last name]**, agree to promptly notify the MAND Foundation if I am unable or unwilling to continue with the program of study described above or if I choose to withdraw this scholarship application for any reason. I understand that I am only eligible to receive this scholarship if I successfully complete the dietetic program described above.

**Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

(Send as part of your complete application packet to [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org))

# HELEN D. MULLAN CONTINUING EDUCATION APPLICATION

|  |  |
| --- | --- |
| Name of Applicant |  |
| Academy Member ID # |  |
| Address |  |
| City/State/Zip |  |
| Telephone |  |
| Email |  |
| Program Title  (Attach a copy of the continuing education announcement or registration materials) |  |
| Program Location |  |
| Date of Program |  |
| Cost of Program (Registration fee only) |  |
| Estimated Travel Expenses |  |
| Number of Continuing Education Credits Program Provides |  |

1. **Are you currently a member of the Academy of Nutrition and Dietetics?**

Yes

No

1. **Are you currently a member of the Maryland Academy of Nutrition and Dietetics?**

Yes

No

1. **Which of the following best describes your current situation? I am a(n):**

Registered Dietitian

Dietetic Technician Registered

Undergraduate dietetics student at an ACEND accredited program

Dietetic intern in a Maryland-based dietetic internship program

Graduate student pursuing an advanced degree in a nutrition-related field and already

have an undergraduate degree in dietetics

1. **How many years have you worked in the field of dietetics?**
2. **Are you currently employed in a dietetics-related field?**

Yes

No

If your answer in question 3 above was yes, please provide your title, employer and a few sentences about your job responsibilities:

|  |  |
| --- | --- |
| Title |  |
| Employer |  |
| Job Responsibilities |  |

1. **Describe the continuing education program you would like to attend and how attending this program will enhance your knowledge and/or contributions to the dietetics field (what you expect to learn and how you intend to apply it) in 100-500 words.**

|  |
| --- |
|  |

1. **Describe any dietetics-related volunteer experience(s) and/or other types of contributions you are, or have been involved with, at the local/community, state, or national level.** (Include any positions held and the length of service, if applicable.)

|  |
| --- |
|  |

1. Optional to complete:

**Describe any other types of volunteer experience(s) and/or other types of contributions you are, or have been involved with, at the local/community, state, or national level that are not related to dietetics.** (Include any positions held and the length of service, if applicable.)

|  |
| --- |
|  |

1. **If selected as an award recipient, which of the two options for deliverables do you plan to execute?** (If you are unsure at this time, you may select more than one option.)

Written article

Presentation

I, the undersigned, certify that I meet all of the eligibility requirements specified for the Hellen D. Mullan Continuing Education Award, and accept, as with any award, the obligation to comply with the terms in effect at the time of the award in order to receive reimbursement.

I, the undersigned, also understand that if I am chosen as the recipient for this award, any expenses over the award amount (>$500) are my personal responsibility and I agree to cover any additional expenses associated with attending the educational program.

Signature of Applicant:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_     \_\_\_\_\_

(Please send this completed form as part of your complete application packet to: [MANDFoundation@eatwellmd.org](mailto:MANDFoundation@eatwellmd.org).)

# HOW TO CHANGE YOUR AND STATE AFFILIATION

If you have recently moved to a Maryland or need to adjust your affiliation, the Academy's membership team can switch your state affiliation. This change can be made at any point during the membership year by calling **312-899-0040 (extension 5000)** or emailing [membership@eatright.org](mailto:membership@eatright.org) with your request. This change can only be made by an Academy staff member.

*Source:* [*https://www.eatrightpro.org/membership/academy-groups/affiliates/affiliate-frequently-asked-questions*](https://www.eatrightpro.org/membership/academy-groups/affiliates/affiliate-frequently-asked-questions)

**Frequently Asked Questions**

**Is there a cost to change my state affiliation?**

No. There will be no fee to change your affiliation. State affiliation is included in your annual Academy membership dues.

**Is there a limit to how many times I can change my state affiliation?**

No. Changing your affiliation can be done as many times as needed.

**What if I plan to move out of state or return to my home state after my internship/degree program?**

We suggest switching your affiliation to MAND so that you can benefit from the local professional development, networking, and mentorship opportunities. At the conclusion of your program, you may switch your affiliation to another state. There is no cost to do this and no limit to how many times you change your state affiliation.