

Ellen Neal Memorial Scholarship
Sponsored by the Knoxville District Dietetic Association

2010-2011 Scholarship Application

The purpose of the Ellen Neal Memorial Scholarship Award is to recognize dietetics students who demonstrate outstanding scholastic ability and professional potential. Ellen Neal was a long-time member of the Knoxville District Dietetic Association and served as its president. She completed both her Bachelor's and Master's degrees at the University of Tennessee. Her career started in private practice and evolved into one of the premier nutrition consulting businesses in the Knoxville area. Applicants are judged on grade point average; ability to follow directions, organize information, and complete the application; writing skills; references; participation and leadership in professional activities; having a well-rounded lifestyle (i.e., involvement in part-time jobs, volunteerism, and extracurricular activities); and, a financial need. The scholarship committee will select one \$500.00 award from all applications submitted.

ELIGIBILITY CRITERIA:

- U.S. Citizen or Permanent Resident.
- Member of the Knoxville District Dietetic Association or the UTK Undergraduate Nutrition Student Association.
- Studying in the field of dietetics or nutrition; undergraduate or graduate student (Master's level) at the University of Tennessee, Knoxville, during the 2010-2011 academic year.
- Minimum grade point average of 3.0 on a 4.0 scale.
- Not yet credentialed as a registered dietitian by the Commission on Dietetic Registration, at the time of application.

APPLICATION PACKETS MUST INCLUDE:

1. Completed application form.
2. Proof of enrollment in the undergraduate or graduate nutrition program at the University of Tennessee, Knoxville.
3. Three letters of recommendation submitted in sealed envelopes. You may wish to include recommendations from:
 - Your academic advisor or program director.
 - A present or former employer.
 - A registered dietitian who has supervised your work.
4. A letter, one – two pages double spaced, which includes your:
 - Unique abilities and qualifications that make you appropriate for receiving this award,
 - Explain your interest and career goals in the field of clinical dietetics,
 - Financial need.

Include all information in one packet. Applications must be postmarked by March 10, 2010.

1. APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle/maiden)

Present Address: _____

(City) (State) (Zip)

Permanent Address: _____

(City) (State) (Zip)

Phone (indicate home/work/cell): (____) _____

Email: _____

Major: _____

Expected Graduation Date: _____

Current Status: ___Sophomore ___Junior ___Senior ___Intern ___Master's

Cumulative Grade Point Average: _____

Signature of Program Director to verify enrollment and current GPA: _____.

2. EDUCATION

List all college and universities attended, with the current or most recent listed first.

College/University	Degree	Dates Attended

3. LETTERS OF RECOMMENDATION

List the name, title, and address of each individual writing a letter of recommendation.

Name	Title	Address

4. EXTRACURRICULAR ACTIVITIES

List all organizations of which you are a member, all offices to which you have been appointed or elected, and all committees that you have chaired. Include dates (from/to).

Organization	Office	Committee/Activity/Group

5. WORK EXPERIENCE

A. List all work or volunteer experience **related to dietetics**, beginning with the most recent experience. Estimate the number of total accumulated hours in each position.

Organization	Job/Volunteer Title	Responsibilities	Accumulated Hours	Dates (from/to)

B. List all other work or volunteer experience, beginning with the most recent experience. Estimate the number of total accumulated hours in each position.

Organization	Job/Volunteer Title	Responsibilities	Accumulated Hours	Dates (from/to)

C. List all paid or volunteer field experience completed as part of your degree requirements. Estimate the number of total accumulated hours in each position.

Organization	Job/Volunteer Title	Responsibilities	Accumulated Hours	Dates (from/to)

6. FINANCIAL NEED

A. Indicate how your educational expenses (tuition, fees, and books) have been paid. Outside sources of payment include scholarships, grants, and graduate assistantships.

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

B. Indicate the amount of debt accrued from educational expenses (tuition, fees, and books). Do not include living expenses, transportation costs, etc.

- _____ less than \$5,000
- _____ \$5,000 to \$10,000
- _____ \$10,000 to \$15,000
- _____ \$15,000 to \$20,000
- _____ \$20,000 or more

The information I have submitted is correct to the best of my knowledge. I intend to be enrolled in a dietetics program the fall semester 2010. I intend to complete an ADA approved undergraduate program, internship, or graduate program. I will promptly report any changes in the information I have provided.

Name (print): _____

Signature: _____

Date: _____

MAIL TO:

Linda Quimby, MS, RD, LDN
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