**Ellen Neal Memorial Scholarship**

**Sponsored by the Knoxville Academy of Nutrition and Dietetics**

**2017-2018 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 two $500 award from all applications submitted.

**ELIGIBILITY CRITERIA:**

* U.S. Citizen or Permanent Resident.
* Studying in the field of dietetics or nutrition as an undergraduate or graduate student (Master level) at the University of Tennessee or Carson-Newman University or enrolled in a distance internship during the 2017-2018 academic year.
* Member of the Knoxville Academy of Nutrition and Dietetics and/or the Nutrition Student Association.
* Minimum grade point average 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 SUBMISSION MUST INCLUDE:**

1. Completed application form, including signature verifying enrollment and GPA.
2. Three letters of recommendation. 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.
3. 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

**APPLICATION SUBMISSION INSTRUCTIONS:**

1. Deadline for submissions is **February 23, 2018**.
2. Applications will be accepted electronically to the email address: [kristen.l.clay@gmail.com](mailto:ashlee.schoch@gmail.com). To ensure accuracy, write-protected files (.pdf) are preferred. The application and applicant’s letter should be sent as attachments in a single email. Each letter of recommendation should be sent by the individual writing the letter.

For questions, please contact Kristen Clay, KAND Awards & Scholarship Chair, [kristen.l.clay@gmail.com](mailto:ashlee.schoch@gmail.com) at or 865-331-1303.

**2017-2018 Ellen Neal Memorial Scholarship Application**

**1. Applicant Information**

|  |  |  |
| --- | --- | --- |
| Name (first, MI, last): |  | |
| Current Address: |  | |
| Permanent Address:  (if different) |  | |
| Phone: |  | * home * mobile |
| Email Address: |  | |
| Major: | Status:  \_ Sophomore \_ Junior \_ Senior \_ Intern \_ Graduate | Cumulative GPA: |
| Signature of Program Director or Advisor to verify GPA and enrollment: | | |

**2. Education**

List all colleges and universities attended, starting with most recent.

|  |  |  |
| --- | --- | --- |
| **College/University** | **Dates Attended**  (mm/dd/yy to mm/dd/yy) | **Degree Earned** |
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**3. Letters of Recommendation**

List name, title, and affiliation for each individual submitting a letter of recommendation.

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| --- | --- | --- |
| **Name** | **Title** | **Affiliation/Institution** |
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**4. Extracurricular Activities**

List all organizations with dates of membership, offices held, committees chaired and other involvement.

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| --- | --- |
| Organization  (Include dates of membership) | Offices, Committees, and Activities |
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**5. Work Experience**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization**  (List from/to dates) | **Job/Volunteer Title** | **Responsibilities** | **Accumulated Hours** |
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B. List all other work or volunteer experience, beginning with most recent. Estimate the number of total accumulated hours for each position.

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| **Organization**  (List from/to dates) | **Job/Volunteer Title** | **Responsibilities** | **Accumulated Hours** |
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C. List all paid or volunteer field experience completed as part of your degree requirements.

Estimate the number of total accumulated hours for each position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization**  (List from/to dates) | **Job/Volunteer Title** | **Responsibilities** | **Accumulated Hours** |
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**6. Financial Need**

A. Check the box below to indicate the percentage of educational expenses (tuition, fees, and books) covered by **outside sources**. Outside sources of payment include scholarships, grants, and graduate assistantships.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 100% | * 75% | * 50% | * 25% | * 0% |

B. Check the box below to indicate the yearly amount you are responsible for paying yourself towards education (tuition, fees, and books). Do not include living expenses, transportation, costs, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Less than $5,000 | * $5,000 - $10,000 | * $10,000 - $15,000 | * $15,000 - $20,000 | * More than $20,000 |

The information I have submitted is correct to the best of my knowledge. I was enrolled in a dietetics program in the fall semester 2017. I intend to complete an Academy of Nutrition and Dietetics approved undergraduate program, internship, or graduate program. I will promptly report any changes in the information I have provided.

|  |  |
| --- | --- |
| Name (print): |  |
| Signature: |  |
| Date: |  |