

Scholarship Application Form

The Kansas Nutrition Council (KNC) is pleased to announce the following scholarships that will be awarded at the annual conference on April 17, 2008 in Junction City, Kansas. For additional applications or details on eligibility and deadlines contact:

Barbara Beier, Chair
KNC Awards and Scholarship Committee
Shawnee County Health Agency
1615 W. 8th Street
Topeka, Kansas 66606

(785) 368-2155
barbara.beier@snco.us

Instructions:

Each application consists of the following. You **must** send the first two items at the same time.

1. This Scholarship Application Form (completed)
2. One official copy of your transcript
3. Two letters of recommendation from employer/college personnel, etc. mailed directly to the Scholarship Chair.

All application materials must be postmarked no later than March 1, 2008

Please check the Scholarship for which you are applying.

_____ Kansas Nutrition Council Scholarship

- Must be a Kansas resident and a junior, senior, or graduate student in the Fall 2008 semester, pursuing a degree in nutrition, dietetics, family and consumer sciences, or a related field at a Kansas college or university.
- Amount of award is \$1,000 with \$500 available in the Fall and Spring semesters.
- Complete a 1-2 page summary of your professional goals. Include:
 - ✓ Your reason for selecting a profession related to foods and nutrition.
 - ✓ Your professional objectives upon completion of your degree.
 - ✓ A description of any previous experiences that are relevant to your professional goals.
 - ✓ A brief description of your financial need and any other information you feel is important.

_____ Dietary Manager Student Educational Scholarship

- Must be a Kansas Resident currently enrolled or will soon be enrolled in a Certified Dietary Manager's course in the State of Kansas.
- Amount of Award is \$250, payable to the awardee upon presentation of reasonable proof of enrollment (e.g. letter from instructor, etc.)
- Complete a summary of your professional goals. Include:
 - ✓ Your reason for selecting a dietary manager degree as a profession.
 - ✓ Your professional objectives upon completion of the course.
 - ✓ A description of any previous experiences
 - ✓ A brief description of your financial need and any other information you feel is important.

Please type or print clearly to complete application form. Attach additional pages as requested in accompanying information.

Personal Information:

Name _____
Last First Middle/Maiden

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____
Day Evening

E-Mail _____

Educational Information:

Current Enrollment:

Name of School _____ Location _____

Department or College _____

Course of Study _____

Major Advisor _____

Planned Date of Graduation _____

Degree Sought _____

Previous Education (High School and Post-Secondary Education):

Name of School	City and State	Dates Attended	Diploma or Degree

Work Experience:

Current or Most Recent:

Employer _____

Street Address _____

City _____ State _____ Zip Code _____

Dates of Employment _____

Job Title/Responsibilities _____

Previous Experience:

Position Held	Employer	Location	Dates of Employment

Certification:

I certify that I am a Kansas Resident and that the information contained on this application is accurate and correct to the best of my knowledge.

Signature of Applicant

Date