

**CENTRAL ILLINOIS DIETETIC ASSOCIATION**

**2009**

**SCHOLARSHIP APPLICATION**

Please print neatly or type. All blanks must be complete. Use N/A where not applicable.

**I. PERSONAL INFORMATION**

Full Name \_\_\_\_\_

Present Address:

(Street address) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

(Daytime phone) \_\_\_\_\_

Permanent Address:

(Street address) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

**II. EDUCATIONAL INFORMATION**

Present academic level \_\_\_\_\_

Major or course of study \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_

Grade point average in dietetics or related field \_\_\_\_\_

Full- or part-time student status \_\_\_\_\_

Expected graduation date \_\_\_\_\_

List in chronological order, the high school, colleges, and or universities you have attended.

Name	Address	Degree	Year Graduated/ Degree Received

---

---

---

---

---

List any honors, awards, or scholarships received.

Honor/ Award/ Scholarship	Date

---

---

---

---

---

**III. EXPERIENCE (VOLUNTEER)**

List the extracurricular activities that you have been involved in during your collegiate career.  
(community, church, professional, and student organizations)

---

---

---

---

---

---

---

---

