

**Asian Americans and Pacific Islanders**

***A member interest group of the Academy of Nutrition and Dietetics***

**AAPI Scholarship 2019-2020**

**Application Instructions**

The Asian Americans and Pacific Islanders (AAPI) Member Interest Group (MIG) is presenting a student scholarship in the amount of $200 to support and encourage students pursuing dietetics, foodservice or culinary science as their profession.

*Please read carefully before you complete the scholarship application packet.*

**Eligibility**

I. Applicants must fall under one of the following categories:

1. A student enrolled in an Academy of Nutrition and Dietetics accredited dietetic program (Didactic Program in Dietetics) in the U.S. (including Puerto Rico), pursuing a degree in Food and Nutrition and planning to become a registered dietitian nutritionist (RDN) or dietetic technician (DTR).
2. A dietetic intern enrolled in an Academy of Nutrition and Dietetics accredited dietetic internship program in the U.S. (including Puerto Rico) or has received admission notice from an internship program at the time of application.
3. A graduate student who is pursuing to be a RDN, major as Masters/Doctoral degree in dietetics.
4. A RDN who is pursuing an advanced degree in the field of dietetics.

II. Applicants must be a member of the Asian Americans and Pacific Islanders MIG (AAPI) at the time of application and must be an active member when receiving the award. If you are not a member, please call the Academy of Nutrition and Dietetics Member Service Center (1-800-877-1600, ext. 5000) or visit the website ([www.eatrightpro.org](http://www.eatrightpro.org)) to join AAPI.

**Application Packet Requirement**

**Application Packet for the AAPI MIG student scholarship must be submitted electronically to Katie Chew, AAPI MIG Nominating and Awards Committee Chair, at** **AAPI@eatright.org** **with a subject line of LASTNAME.FIRSTNAME – AAPI MIG Scholarship 2020.** Your application will not be considered if one of the items is missing in the packet. A complete application packet will include the following:

**I. Application Form**

This form is attached at the end of these instructions. Please fill out the application form to the best of your knowledge.

* Add CV or resume if you think it will support your application.

**II. Personal Statement (up to two page)**

State your professional goals, reasons for applying for the scholarship, community activity involvement, work experience and any other information you feel would be helpful. Email your personal statement *as a word document* **WITH** the completed application form.

**III. Letter of Recommendation**

Obtain one (1) letter of recommendation from an individual who is able to give pertinent information as to your ability, potential, professional qualifications and work experience. The references canbe from a professor in your major academic area or an employer or a professor in a related field. All recommendation letters **MUST** be signed and sent directly from the recommenders to Katie Chew, AAPI MIG Nominating and Awards Committee Chair, at AAPI@eatright.org with subject line format: **Lastname.Firstname - AAPI MIG Recommendation 2020.**

**IV. Transcripts**

Submit copies of the most recent or pertinent transcripts from colleges and universities attended *(limited to the two most recent institutions).* **OFFICIAL** transcripts must be sent as a PDF file along with the application.

**All application materials must be submitted electronically by 11:59 PM (Eastern), April 30, 2020.**

**Scholarship winner will be contacted on or before May 29, 2020.**



**Asian American and Pacific Islanders MIG**

**Scholarship Application 2019-2020**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle or Maiden)

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street)

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 (City) (State) (Zip code) (Phone)

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different) (Street)

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 (City) (State) (Zip code) (Phone)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_ GPA of Didactic Program in dietetic courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: List all colleges or universities attended, with most recent listed first.

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| --- | --- | --- | --- |
| **College/University** | **Address (City/State)** | **Start and End Dates (Month/Year)** | **Degree** |
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Recommendation: List the name and contact information of the recommender.

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| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Organization / Address** | **Phone** | **E-mail**  |
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Honors and/or extracurricular activities: List organizations, appointed or elected offices held, scholarships, honors, and certifications received.

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Professional Organization Memberships: List professional organizations of which you are a member.

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Experiences related to dietetics in the past five (5) years: List all experiences, including volunteer, beginning with the most recent.

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| --- | --- | --- | --- | --- |
| **Name of Employer / Organization** | **Position Title** | **Start and End Dates (Month/Year)** | **Hours/Week or Total Hours** | **Paid/ Volunteer/ Practicum** |
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