Scholarship Application

The Kansas Nutrition Council (KNC) is pleased to announce the following scholarships that will be awarded at the annual conference held on March 27th in Lawrence.

$1,000 Kansas Nutrition Council Scholarship
Awarded to a Kansas Resident who will be a junior, senior, or graduate student in the Fall semester pursuing a degree in nutrition, dietetics, family and consumer sciences, or a related field at a Kansas college or university.

$500 Dietary Manager Student Educational Scholarship
Awarded to a Kansas Resident currently enrolled or enrolled in the current year in a Certified Dietary Manager course.

All application materials must be postmarked or received no later than Feb. 15th

KNC Mini-Grants

Grants for up to $500 are awarded to KNC members representing an organization or a group with a source of funding to assist with a nutrition related educational opportunity. Applications may be submitted at any time.

Questions about eligibility or other details and applications for scholarships and mini-grants are submitted to:

Franny Eastwood, Extension Agent  
KNC Awards and Scholarship Committee  
Marais des Cygnes Ext. District  
115 S. 6th Street  
PO Box 66056  
Mound City, Kansas 66056  
fmeastwo@ksu.edu  
913-795-2829  
(F) 913-795-2656
Dietary Manager Student Educational Scholarship

- Must be a Kansas Resident
- May be currently enrolled in a Certified Dietary Manager course or planning to enroll in the current year.
- Amount of award is $500, payable to the student upon presentation of reasonable proof of enrollment (e.g. letter from instructor, etc.). Award may be used toward tuition reimbursement, transportation expenses, purchase of books, etc.

Include the following:

- A summary of your professional goals (1 page or less) describing your reason for becoming a dietary manager, your professional objectives upon completion of the course, a description of any related previous experiences (work or volunteer), a brief description of your financial need, and any other information you feel is important.
- One letter of recommendation from employer, instructor, or other relevant individual. This letter should be mailed directly to the scholarship chair.

Personal Information:

Name ____________________________________________________________

First Last Middle Initial

Street Address __________________________________________________________________________________________

City ___________________________ State _____________ Zip __________

Telephone ____________________________

E-Mail (if available) ________________________________________________________________

Educational Information:

Name of School or Course ________________________________________________________________

Address __________________________________________________________________________________________

Contact Person/Instructor _______________________________________________________________

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 __________

End of Application
Kansas Nutrition Council Scholarship

- Must be a Kansas resident and a junior, senior, or graduate student in the Fall 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.

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.

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 relevant to your professional goals.
- A brief description of your financial need and any other information you feel is important.
- Include this with the application form and transcript.

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

**Personal Information:**

Name___________________________________________________________________

Last First Middle Initial

Street Address____________________________________________________________

City _________________________________ State _____________Zip Code _________

Telephone_____________________________

E-Mail________________________________________

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
**Educational Information:**

**Current Enrollment:**

Name of School__________________________________________________________

Location______________________________________________________________

Department or College__________________________________________________

Major___________________________________________________________________

Major Advisor__________________________________________________________

Degree Sought___________________________________________________________

Expected Date of Graduation _____________________________________________

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

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<th>City and State</th>
<th>Dates Attended</th>
<th>Diploma or Degree</th>
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</table>
**Work Experience:**

Current or Most Recent:
Employer _______________________________________________________________

Street Address__________________________________________________________________

City __________________________ State __________ Zip Code ________

Dates of Employment______________________________________________________

Job Title/Responsibilities_____________________________________________________


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**Previous Experience:**

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**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