ANFP | IOWA

Association of Nutrition & Foodservice Professionals

Iowa ANFP Student Scholarship Application

DATE: _____

NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER :_____

ANFP STUDENT MEMBER NUMBER: _____ YEARS OF SERVICE: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____CITY: _____ ZIP: _____

FACILITY PHONE NUMBER: _____

ADMINISTRATOR'S NAME: _____

DIETITIAN'S NAME:_____

NAME OF SCHOOL: _____

THIS PROGRAM IS/WILL BE TAKEN BY: CLASSROOM – INTERNET – MAIL (circle one)

HAVE YOU BEEN ACCEPTED? YES – NO (PLEASE ENCLOSE COPY OF CURRENT CLASS SCHEDULE)

ARE YOU CONSIDERING BECOMING A CERTIFIED DIETARY MANAGER? YES – NO (circle)

PLEASE ADDRESS THE FOLLOWING AREA IN AN ATTACHED ESSAY. LIMIT ANSWERS TO NO MORE THAN 200 WORDS PER AREA:

- PLEASE DESCRIBE YOUR WORK EXPERIENCE IN FOOD SERVICE AND HOW YOU BECAME INTERESTED IN THE PROFESSION.
- PLEASE GIVE YOUR EXPLANATION OF DESIRE TO ADVANCE IN THE DIETARY MANAGEMENT FIELD AND NEED FOR FINANCIAL ASSISTANCE.
- HOW DO YOU SEE YOURSELF USING THIS TRAINING FIVE YEARS FROM NOW?

PLEASE ATTACH LETTERS OF ENDORSEMENT FROM AT LEAST TWO OF THE FOLLOWING:

1. _____ ADMINISTRATOR
2. _____ REGISTERED DIETITIAN
3. _____ IMMEDIATE SUPERVISOR

_____

APPLICANT'S SIGNATURE

SUBMIT THIS COMPLETED FORM WITH ALL ATTACHMENTS TO:

Award Committee Chair
C/o Ben McCullough
1715 Five Mile Drive
Boone, IA 50036

APPLICATION DEADLINES ARE:
JANUARY 1ST AND JULY 1ST of each year