The University of North Dakota is offering a scholarship for foodservice managers desiring to further their education and career potential by becoming a CDM, CFPP. UND has offered the Nutrition & Foodservice Professional Training Program (Dietary Managers Course) by distance education for over 45 years. This scholarship is for our online training program; which enables students from around the country to participate in the UND program. Students may enroll under the CBDM Exam Eligibility Pathway I or Pathway III Requirements. Students without access to an RD preceptor (Pathway I only) can utilize the services of a preceptor provided by UND for an additional fee if they enroll in the online training program.

**ELIGIBILITY REQUIREMENTS**
- Applicant must be working at least 50% time in a healthcare foodservice environment (Pathway I only).
- Applicant must have an RD preceptor at their facility, or pay the additional fee for a UND RD Preceptor (Pathway I only).
- Applicant must demonstrate need for financial support.
- Applicant must be experienced using computers and feel confident with online learning.
- Scholarship winner must complete the registration process for the course by August 1, 2020.

**APPLICATION REQUIREMENTS**
Please only include information that has been requested. Any applications that do not meet the following criteria or are illegible will be disqualified.
- Answer every space on the Scholarship Application. Mark N/A if a section does not apply to you. A blank space will automatically be considered an incomplete application.
- Please include an essay on why you would benefit from this scholarship, and why you desire to become a Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP)
- Application, essay, and referrals must be submitted by the published deadlines.

**SELECTION PROCESS**
The Scholarship Committee will review all applications and select the 2020 Scholarship Recipient. All applicants will be notified by June 30, 2020.

**HOW WILL THE SCHOLARSHIP BE AWARDED?**
The University of North Dakota will provide the scholarship recipient with course tuition and fees waiver for the Nutrition & Foodservice Professional Training Program. Textbooks are the responsibility of the scholarship winner. UND will make arrangements directly with the scholarship recipient.

**DEADLINES**
- Applications for the 2020 University of North Dakota Scholarship must be completed, typed, and submitted either by mail, fax, or email by May 31, 2020, to:
  
  **ANFP, Attn: UND Scholarship Program**
  406 Surrey Woods Drive
  St. Charles, Illinois 60174
  FAX: 630.587.6308
  Email: mtheesfeld@ANFPonline.org

Questions? Please contact Mindy Theesfeld at (800) 323-1908, or mtheesfeld@ANFPonline.org.
SECTION 1 - PERSONAL INFORMATION

Last Name ___________________________ First Name ___________________________ MI _____

Permanent Address ________________________________________________________________

City ________________________________ State ____________ Zip ________________________

Home Phone ______________________________ Cell Phone ______________________________

Email Address (Required) ___________________________________________________________

SECTION 2 - EMPLOYMENT INFORMATION

Current Employer __________________________________________________________________

Address __________________________________________________________________________

City ________________________________ State ____________ Zip ________________________

Phone ____________________________________ Fax ___________________________________

Email Address _____________________________________________________________________

Name of Immediate Supervisor ______________________________ Phone ___________________

Length of Time with Current Employer (in months or years) ______________________________

SECTION 3 – ESSAY

Please type an essay of approximately 200 words that summarizes your financial need and why you
desire to become a Certified Dietary Manager.  (Please attach essay on separate sheet)

SECTION 4 – REFERRALS

Please use the attached referral form for each of your two references.  Recommended references
include Registered Dietitians, Certified Dietary Managers, Administrators, college faculty, or
corporate unit managers.  Please limit the reference letter to the space allowed on the front of the
page.

SECTION 5 – SIGNATURES

Have you ever been awarded a scholarship or grant from ANFP, NFEF, ANFP Chapter or District, or
other sponsor for educational purposes?

_____ Yes

_____ No

If yes, please give date, details and amount received
Please Read Before Signing

To the best of my knowledge, I have provided the Nutrition & Foodservice Education Foundation accurate information concerning all questions on this application. I understand that failure to provide valid and complete information could result in the withdrawal of all financial assistance and a recall of all awards previously made by Nutrition & Foodservice Education Foundation.

Signature of Applicant __________________________________________ Date ________________

Before you submit this application, please include:

___ Every section of the application is completed; application signed and dated.

___ Section Three - Essay attached.

___ Section Four - Referrals attached (two are required).

___ Section Five - Signature information completed.

For NFEF Office Use Only:

Date Received ___________________ Staff Reviewed ________________________

Sent to Committee __________________
UNIVERSITY OF NORTH DAKOTA SCHOLARSHIP REFERRAL FORM

(NOTE: Two referrals are needed - see scholarship information page)

Referral Name ____________________________________________________________

Referral Employer _________________________________________________________

Name of Scholarship Applicant ____________________________________________

Relationship to Applicant _________________________________________________

REFERRAL COMMENTS
UNIVERSITY OF NORTH DAKOTA SCHOLARSHIP REFERRAL FORM

(NOTE: Two referrals are needed - see scholarship information page)

Referral Name ____________________________

Referral Employer ____________________________

Name of Scholarship Applicant ____________________________

Relationship to Applicant ____________________________

REFERRAL COMMENTS