



Greater Cleveland Academy of Nutrition and Dietetics



Scholarship Application

The Greater Cleveland Academy of Nutrition and Dietetics is pleased to offer one scholarship of \$1,000 for a student member. The scholarship is given each spring to honor both Pauline E. Hart and Karen A. Porcelli.

Karen A. Porcelli's leadership abilities, vision, humanitarianism and enthusiasm touched all who worked with her and knew her.

Pauline E. Hart was Director of Dietetics at University Hospitals of Cleveland from 1959-1985 and was a pioneer in food service and business management.

Applications are reviewed independently by at least two GCAND Board members.

The scholarships will be presented at the last membership meeting in April.

The deadline for all application materials to be emailed is 12:00pm (noon) on **Wednesday, March 15, 2023.**

All materials should be emailed to Lizzy Traxler at lizzytrax@gmail.com with the subject line "GCAND Scholarship Application."

See the following pages for application criteria and eligibility.

GCAND Scholarship Application--Coversheet

Name	
Current Address	
Permanent Address	
Email	
Phone number	

Application Eligibility

I confirm that the following are true:

- I am a student accepted or currently enrolled in a Masters or Doctoral program in nutrition and dietetics, or in a Masters of Business Administration program in the state of Ohio.
- Upon completion of my Masters or Doctoral program, I intend to practice in dietetics.
- I am a member of the Academy of Nutrition and Dietetics.
- My GPA is at least 3.0 out of 4.0 for the program in which currently enrolled.
- I am a US citizen.

If you have checked each box above, please continue. If you do not meet all criteria, please do not continue with the application.

Application checklist:

- Completed application includes typed responses to the following
 - Pg. 1—this coversheet
 - Pg. 2—educational history and faculty advisor or program director signature
 - Pg. 3—work history
 - Pg. 4—open response questions
- One letter of reference emailed directly to Lizzy Traxler at lizzytrax@gmail.com

(Indicate below from whom the scholarships committee should expect your letters of reference)

	Name	Title	Phone and Email
Reference 1			

GCAND Scholarship Application—Educational History

List all colleges, universities, and programs attended, starting with the most recent. Please also list those in which you are enrolled for the upcoming year.

School/Program with City/State	Major / Program Title	GPA	Dates attended (if current, list expected completion date)	Degree Received or Expected	If current, part time or full time attendance

All applicants must obtain the signature of their faculty advisor or program director to confirm enrollment in the program for which the scholarship will be awarded.

Name: _____

Title: _____

Signature: _____

Date: _____

GCAND Scholarship Application—Work History

List all jobs held, starting with the most recent.

Title	Employer	Location	Dates of Employment

Professional and Volunteer Activities

(Please include name of organization, offices held, honors received and major accomplishments including dates)

Professional and Honorary Memberships

(Include Dietetic Practice Groups and dates of memberships)

Honors and Scholarships

(Include dates of recognition)

