



BURRIS-CROMER MEMORIAL SCHOLARSHIP APPLICATION FORM

PLEASE TYPE ALL INFORMATION (Only applications that are typed and complete will be processed)

1. PERSONAL DATA

- a. Full Name (First, Middle, Last) _____
- b. Address (Note: Correspondence related to the scholarship will be sent to the address provided below.)

- c. Present Phone (_____) _____ Permanent Phone (_____) _____
- d. Email Address _____
- e. State of Legal Residence _____

2. ACADEMY & SCAND MEMBERSHIP

Are you a current student or active member of the Academy of Nutrition and Dietetics?

_____ Yes _____ No Membership Number: _____

Are you a current student or active member of the SC Academy of Nutrition and Dietetics?

_____ Yes _____ No

3. EDUCATION

- a. Current College/University/DI Program _____
- b. Major _____ Current GPA: _____
- c. Are you currently enrolled in a: _____ DPD _____ DI
- d. Are you a(n): _____ Undergraduate Student _____ Graduate Student
- e. What is your academic classification (e.g. junior, senior, grad student)? _____
- f. Anticipated DPD/DI graduation/completion date: _____

g. PROGRAM DIRECTOR CONTACT INFORMATION

Program Director's Name _____

Program Director's Email _____

Program Director's Phone (_____) _____

4. PAID WORK EXPERIENCE

(Please indicate most recent first. If more space is needed, please attached a separate page.)

Job Title	Employer	Location	Date Mo/Yr-Mo/Yr	FT or PT

5. LEADERSHIP/VOLUNTEER/SERVICE/EXTRACURRICULAR ACTIVITIES & ACHIEVEMENTS

(Please indicate most recent first. If more space is needed, please attached a separate page.)

Description	Organization/Location	Required or Voluntary^a	Date(s) Mo/Yr-Mo/Yr	Total # of Hours^b

Description	Organization/Location	Required or Voluntary ^a	Date(s) Mo/Yr-Mo/Yr	Total # of Hours ^b

^a Please indicate whether the activity was required for course credit or was voluntary.

^b Please indicate an estimated total number of hours contributed toward the activity.

6. FINANCIAL NEED: Provide a brief statement concerning your need for financial assistance and how this money will be used to further your education. The information will be kept confidential.

7. REFERENCES: May the committee contact persons who submitted references? ____ Yes ____ No
Please submit the following along with this application. See application criteria for details.

- ✓ Three Letters of Reference
- ✓ Official College Transcript
- ✓ Letter from DPD or DI Program Director
- ✓ Resume
- ✓ Narrative Statement

Signature of Applicant

Date

*Email application packet to SCAND Scholarship & Awards Chair no later than **January 22, 2024***