



JULIA BRUNSON AWARD 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 award 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, active or retired member of the Academy of Nutrition and Dietetics?

_____ Yes _____ No Membership Number: _____

If yes, for how long? _____

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

_____ Yes _____ No If yes, for how long? _____

Are you a current student, active or retired member of a SCAND District Association?

_____ Yes _____ No If yes, which one? _____

If yes, for how long? _____

3. ACADEMY INVOLEMENT AND LEADERSHIP

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

Position Title/Description	Organization	Date(s) Mo/Yr-Mo/Yr

4. EVENT FOR REQUESTED FUNDS

_____ Attendance of AND FNCE Award Period June 1 – Sept 30

_____ Attendance of AND PPW Award Period Oct 1 – January 31

_____ Attend of SCAND Annual Meeting Award Period Feb 1 – May 31

_____ Other: _____

Sponsoring Organization: _____

Location of Event: _____

Date of Event: _____

Have you participated in / attended this event previously? _____ Yes _____ No

If yes, when? _____

5. PUPROSE OF EVENT

_____ CEUs _____ Self-Development _____ Academic Credit

_____ Personal Leadership _____ Dietetic/Board Leadership

Provide a brief statement of professional benefit in attending this event.

6. EVENT COST

a. Will your employer be paying for any part of this event? _____ YES _____ NO

If so, how much? _____

b. Will you be receiving any other sources of financial support? _____ YES _____ NO

If so, please explain. _____

c. Date by which you need the award money: _____

d. Estimated Expenses

Line Item	Line Item Details	Estimated Expense
Registration		
Transportation		
Hotel		
Meals		
Other:		
Other:		
Other:		
GRAND TOTAL		

7. ADDITIONAL INFORMATION

a. Have you received this award previously? _____ YES _____ NO

If so, when? _____

b. Please provide any other financial situations and extent of need/benefit for consideration as the application is reviewed.

Please submit the following along with this application. See application criteria for details.

✓ Copy of Event Brochure/Registration Information

**Please Note: If awarded, funds must be used for the event specified on the application. Funds cannot be redirected to another event. If awarded but the recipient is unable to attend the event, the recipient must notify the SCAND Executive Director within one week prior to the event and the funds will be forfeited. The recipient will be eligible to re-apply for another funding opportunity during the next award period. If notification is not made within one week prior to the event, then the recipient is ineligible to re-apply for 12 calendar months.

Signature of Applicant

Date