



*Distance Learning*

## **2010 – 2012 AUBURN UNIVERSITY DIETARY MANAGER SCHOLARSHIP APPLICATION**

The Auburn University Dietary Manager Program is a high-quality self-paced professional development program. The program is designed for use by food service employees in the health care field, particularly those in nursing home and hospital food service organizations. It has also been used successfully by food service employees in correctional facilities, public schools and other institutional settings which include the provision of patient care. Auburn University will be offering two scholarship opportunities for foodservice managers desiring to further their education and career potential by becoming a CDM, CFPP. Currently, this course is available in traditional correspondence format. This scholarship is provided through Auburn University Distance Learning. Auburn University supports and recognizes deserving students who are interested in furthering their education and meeting their career goal.

### **ELIGIBILITY REQUIREMENTS**

- ◆ Applicant must apply and be accepted in the Auburn University Dietary Manager Program
- ◆ Applicant must be employed in a foodservice establishment
- ◆ Applicant must have an RD Clinical Instructor/Preceptor to complete the program
- ◆ Applicant must demonstrate need for financial support

### **APPLICATION REQUIREMENTS**

- ◆ Applicant must fully complete the application
- ◆ Application that does not meet the scholarship criteria will not be accepted
- ◆ Applicant must include an essay on why you would benefit from the scholarship, how the scholarship would financially support your educational goal and why you desire to become a Dietary Manager
- ◆ Applicant is required to submit two letters of recommendation
- ◆ Application packet must be postmarked no later than August 2, 2010

### **SELECTION PROCESS**

The Auburn University Dietary Manager Scholarship Selection Committee will review all applications and select the scholarship recipients. Scholarship recipients will be notified by September 1, 2010. Scholarship recipients must be enrolled and making progress towards completion of the program no later than January 1, 2011.

## **HOW WILL THE SCHOLARSHIP BE AWARDED?**

Scholarship recipients will be granted a tuition waiver, but are required to purchase educational materials including textbooks.

## **DEADLINE**

- ◆ Scholarship Applications for the **2010 -2012 Auburn University Dietary Manager Scholarship** must be completed, mailed and postmarked by August 2, 2010 to:

**Auburn University  
Dietary Manager Program  
Attn: Auburn University DM Scholarship  
282 Thach Concourse  
Foy Hall  
Auburn University, AL 36849**

*If you have questions, please contact Ernestine Morris-Stinson, Chair, Selection Committee at (866) 864-5131.*





AUBURN UNIVERSITY

OUTREACH

*Distance Learning*

**2010 – 2012 AUBURN UNIVERSITY DIETARY MANAGER  
SCHOLARSHIP APPLICATION**

*(Please print or type)*

**SECTION 1 – PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**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 (indicate year and months): \_\_\_\_\_

**SECTION 3 – ESSAY**

- ◆ Type an essay between 250 - 500 words on why you would benefit from the scholarship, how the scholarship would financially support your educational goal, and why you desire to become a Dietary Manager. (Please attach essay on separate sheet)

**SECTION 4 – REFERRALS**

Two letters of recommendations must be submitted by individuals who would be familiar with your qualifications. Recommended references include Registered Dietitians, Certified Dietary Manager, Administrator, College Faculty or Corporate Unit Managers.

**PLEASE READ BEFORE SIGNING**

To the best of my knowledge, I have provided the Auburn University Dietary Manager Program 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 the scholarship award presented.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Before you submit this application, please include:**

\_\_\_ **Completed Application Signed and Dated.**

\_\_\_ **Attached Essay**

\_\_\_ **Referrals (two required).**

*For AU DLOT Office Use Only:*

*Date received:* \_\_\_\_\_ *Committee reviewed:* \_\_\_\_\_

