|  |  |
| --- | --- |
| **Outstanding Dietetic Student Award**  **Indiana Academy of Nutrition and Dietetics** | Logo, company name  Description automatically generated |

**Please provide the following information.**

|  |  |
| --- | --- |
| Academy Membership Number |  |
| First Name |  |
| Middle Initial |  |
| Last Name |  |

**Address**

|  |  |
| --- | --- |
| Street |  |
| City |  |
| State |  |
| Zip |  |
| Email Address |  |

**District <if applicable>**

|  |  |
| --- | --- |
| District |  |

# **STUDENT'S CURRENT EDUCATIONAL PROGRAM**

|  |  |
| --- | --- |
| Institution Name |  |
| City/State |  |

**Dietetics Education Program Type <circle one>**

|  |  |  |  |
| --- | --- | --- | --- |
| CP | DI | DPD | DT |

# **ACTIVITIES AND HONORS**

Briefly list achievements including honors (academic and other), student dietetic association activities, community service activities, etc.

|  |  |
| --- | --- |
| Activities, Honors, or Organizations: | Dates |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# **VOLUNTEER EXPERIENCE**

Briefly list volunteer experience focusing on that related to dietetics and nutrition specifically:

|  |  |
| --- | --- |
| Organization and Position: | Dates |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### ADDITIONAL INFORMATION

* Students must supply their membership number; membership identification numbers will not be provided to third parties (i.e., educators).
* Please attach a photo of the student you are nominating, one letter of recommendation, one personal statement, and the student’s resume.

### MEMBER CERTIFICATION

I have reviewed the criteria for this award and attest that I have not received this award from this or any other affiliate previously as well as meet all other criteria for the award I am applying for

|  |  |
| --- | --- |
|  |  |

Signature Date