



**Philadelphia – South Jersey Chapter
American Healthcare Foodservice Association**

2018 SCHOLARSHIP APPLICATION

If you wish to apply for a scholarship, please complete the following section:

FULL NAME _____

MAILING ADDRESS _____

TELEPHONE (H) _____ (CELL) _____

COLLEGE/UNIVERSITY _____

APPLYING FOR: (CHOOSE ONE) (WINNERS WILL BE PRESENTED AT OUR SYMPOSIUM ON MARCH 8, 2018)

UNDERGRADUATE SCHOLARSHIP (\$1,500) GRADUATE SCHOLARSHIP (\$1,500)

PLEASE ATTACH:

1. Resume: Attach with information listing education and work including organization, address, dates employed, and description of duties.
2. Recommendation from a College/University faculty member
3. Recommendation from current employer or most recent employer
3. Most recent college transcript (one official copy by Registrar)
4. One page (typed) essay on why you have selected the dietetics or hospitality industry for your career, and your perspective of food service management in healthcare today
5. Verification of program acceptance or admission (see attachment – Statement of Student Status)

Applicant's Signature _____ Date _____

Please submit completed and typed application (containing all of the above information) **and 3 copies** of the complete application **(one original transcript and three copies)** with all required information in a single envelope **postmarked no later than February 8, 2018** to:

**Susan E. Adams, MS, RD, LDN, FAND (Nutrition Program)
SONHS – 3006 St. Benilde Tower
La Salle University
1900 West Olney Avenue
Philadelphia, PA 19141**

Please note that application received after February 8, 2018 will not be considered for the scholarships. For more information, please email – adamss@lasalle.edu or check our website at: www.psjahf.org

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**SCHOLARSHIP APPLICATION
STATEMENT OF STUDENT STATUS**

I verify that _____
(Scholarship Applicant)

Has been accepted into (check one):

_____ Didactic Program in Dietetics

_____ Dietetic Internship

_____ Coordinated Program in Dietetics

_____ Undergraduate Hospitality Program

_____ Graduate Program in Nutrition or Hospitality Management

Signature of Program Director

Name of Institution

Date