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| **OUTSTANDING DIETETICS STUDENT AWARD** DATA SHEET | Academy-of-Nutrition-and-DieteticsK |

# **STUDENT**

Submit the recipient’s name and credentials as it should appear on the certificate and in the *Journal*.   
All fields are required.

|  |  |
| --- | --- |
| Academy Membership Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| first | middle initial | last |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address: |  |  |  |  |
| street | city | state | zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | E-mail address |  |

# **STUDENT'S CURRENT EDUCATIONAL PROGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution: |  | City/State |  |

Dietetics Education Program Type: Graduate: Undergraduate: .

Which Specific Dietetics Education Program are you currently enrolled in: .

# **ACTIVITIES AND HONORS**

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

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

### STUDENT NOMINATIONS

1. All nominees must be Academy student members by January 1st.
2. Students must supply their membership number; membership identification numbers will not be provided to third parties (i.e., educators).
3. Submit a completed form, one letter of nomination, and a nominee resume to the state association award chair or other individual designated by the state association.

### STATE ASSOCIATION AWARD CHAIR ONLY

1. Limit awards to four, one per program type:

* Graduate CP
* Dietetic Internship
* Undergrad DPD
* Other Graduate Program (MDA, MPH, DPD)

1. Affiliate awards chair, affiliate president, or the person designated by the state must submit award winners December 1 – May 1.
2. Required data includes:

* Awardee Name
* Awardee Credentials
* Awardee Academy Member ID Number
* Awardee Institution
* Awardee Dietetics Education Program Type: MCP, DI, DPD, MDA, or MPH