

NDAS Outstanding Senior in Nutrition

Sponsored by the Nutrition and Dietetics Alumni Society, an Affiliate Program Group of the College of Health and Human Development Alumni Society and the Penn State Alumni Association

Eligibility and Criteria

Candidate must:

- be a graduating senior majoring in Nutrition (Science or Applied option).
- have completed at least 90 credits including the course, Nutrition 445, and plan to graduate in December, May or August.
- have demonstrated exemplary leadership in the College of Health and Human Development and/or University; and
- have shown exemplary service to the community.

Nominating Procedure

Students (undergraduate or graduates in Nutrition), faculty, staff, and alumni may make nominations. Students may also nominate themselves.

Application Procedure

Nominees should submit the following information as a packet postmarked or hand-delivered by November 30, 2018 to Julie Brenneman (110 Chandlee Laboratory):

1. Completed application form (See below).
2. Statement by the candidate, not to exceed one page, double-spaced with font size no smaller than 12 point, describing how he/she has demonstrated the qualities listed in the award criteria listed above.
3. Two letters of reference: One each from a faculty, staff member, work/volunteer supervisor or an undergraduate or graduate student. One letter must be from either a faculty or staff member in the College of Health and Human Development.
4. Transcripts (unofficial)

Selection Committee

The recipient of this award shall be selected by the Awards Committee of the Nutrition and Dietetics Alumni Society and approved by the board of directors.

The Award

- \$100 and engraved plaque to be presented to the recipient at the NDAS brunch
- Recognition on NDAS website and newspaper publication of choice

The NDAS award will be granted one time per year.

NDAS Outstanding Senior in Nutrition Application Form

Date	
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Name			
	(Last)	(First)	(Middle or Maiden)

Present Address			
	(Street)	(Apt #)	
(City)	(State)	(Zip Code)	(Phone)
Permanent Address (If different)			
	(Street)	(Apt #)	
(City)	(State)	(Zip Code)	(Phone)

E-mail address

Recommendations: List the names of the 2 individuals who will complete your recommendation forms.

Name	Title	Phone	E-mail

List any publications, presentations, independent research, special projects, student teaching, special clinical work, extracurricular activities (describe your duration of involvement and position held), etc. Use extra paper if necessary.