

# 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 December 13, 2019 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

<b>Date</b>	
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<b>Name</b>			
	(Last)	(First)	(Middle or Maiden)

<b>Present Address</b>			
	(Street)	(Apt #)	
(City)	(State)	(Zip Code)	(Phone)
<b>Permanent Address (If different)</b>			
	(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.