**Educational Grant Cover Sheet**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dietetic Internship Program:** [ ] VCUHS [ ]  VSU

|  |
| --- |
| **Education** |
|  School(s) Attended |  |
|  Major(s) |  |
|  Degree(s) Obtained  |  |

|  |
| --- |
| **Dietetics** |
|  Internship Concentration (if applicable) |  |
|  Area of Interest |  |

**Additional Information**

Briefly explain why you decided to go into the field of Dietetics.

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Do you have any volunteer and/or work experience related to the field of Dietetics? [ ] YES [ ] NO

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently have any meetings and/or conferences you are interested in attending?\* [ ] YES [ ] NO

**\*Note:** **Programs can take place prior to application deadline**

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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