



Philadelphia – South Jersey Chapter  
Association for Healthcare Foodservice

2015 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)

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 or a 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 (may copy the original transcript as well) with all required information in a single envelope postmarked no later than January 16, 2015 to:

Susan E. Adams, MS, RD, LDN (Nutrition Programs)  
SONHS  
La Salle University  
1900 West Olney Avenue  
Philadelphia, PA 19141

**Please note that application received after January 16, 2015 will not be considered for the scholarships. For more information, please email – [adamss@lasalle.edu](mailto:adamss@lasalle.edu) or check our website at: [www.psjahf.org](http://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