



2018-2019 CNC Scholarship Application Instructions

Applicants are urged to read all accompanying materials and forms carefully before completing them. Application and recommendation forms are included in this package and are also available on the California WIC Association website, www.calwic.org. Questions can be referred to Lena Workman, California WIC Association, at **916.572.0700**, lworkman@calwic.org.

You may apply once per category, and must be currently employed in a WIC program, and currently enrolled in a dietetic internship, undergraduate, or graduate program. **Unfortunately, two year associate degree programs are not eligible.**

In order to be considered, your application MUST include ALL of the following documents:

- Completed and signed application form
- Essay – 500 to 1,000 word essay entitled, “My Professional Nutrition Career Goals”
- Financial Budget Worksheet and Need Statement
- Certificate of Undergraduate/Graduate academic registration or enrollment in Dietetic Internship
- Completed Recommendation Form from University or Dietetic Internship
- Completed Recommendation Form from WIC Program Employer
- Recent signed photograph
- Mail **ORIGINAL** and **ONE COPY** of your application package to:

**Lena Workman
California Nutrition Corps
California WIC Association
3120 Freeboard Drive, Suite 101
West Sacramento, CA 95691**

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED. USE THE CHECKLIST PROVIDED ABOVE TO MAKE SURE YOU SUBMIT A COMPLETE APPLICATION PACKAGE. FAXED OR ELECTRONICALLY TRANSMITTED APPLICATIONS WILL NOT BE ACCEPTED.

Due to limited funding, we will not be issuing scholarships to every applicant, rather awarding applicants that have compelling essays and demonstrated financial needs. Scores are given based on essay, financial need, ethnicity, and WIC years of service. Applicants with higher scores will be awarded scholarships.

Timeline for the CNC Scholarship Program for **2018-2019 Academic Year**

**November 15, 2018
January 15, 2019**

Scholarship Applications Available
Completed application packets due to California WIC Association
by **3:00 pm**

March 15, 2019

Scholarship Winners will be notified via mail. Checks will be issued after receipt of signed release form.

2018-2019 CNC Scholarship Application

Minimum Requirements: Currently employed by WIC and have at least 6 months continuous employment at the time of application, and have been accepted in an approved Dietetic Internship program, WIC-based or otherwise, Undergraduate, or Graduate program. **Two year associate degree programs are not eligible.** Verification of enrollment is required.

Name				
Address				
City		Zip		Phone
Email				
Language of Origin (other than English)			Other Languages/Fluency	
Ethnic Background: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				
Length of time employed by WIC	____yr/ ____mo	Full-time or Part-time (Circle One)	If PT, Avg hrs/month at WIC	
Hire Date at WIC:		Permanent or Temporary Position?		
Name of WIC Employer:				
Have you ever applied for a CNC Scholarship under any other name? If yes, please enter the other name:				
Are you an employee enrolled in (check one): <input type="checkbox"/> WIC Dietetic Internship <input type="checkbox"/> Other Dietetic Internship <input type="checkbox"/> Graduate School <input type="checkbox"/> Undergraduate – Dietetics/Nutrition Major				
Start Date:		Expected Completion Date:		
Name of College/University/Internship:				
Name, title, and address of your Academic/Dietetic Internship reference:				
Name, title, and address of your WIC Employer reference:				
I hereby certify that all the information provided in this application is true and correct:				
_____			_____	
Applicant Signature			Date	
I hereby verify that this applicant meets the CNC minimum qualifications:				
_____			_____	
WIC Program Director			Date	



UNIVERSITY/DIETETIC INTERNSHIP REFERENCE RECOMMENDATION FORM

Applicant's Name: _____

Applicant's Reference: _____

Reference's Address, Phone, Email: _____

How long have you known the applicant? _____

What is your relationship? _____

Please rate the student in the following criteria. Circle the number which you feel most closely describes the applicant's abilities. **1 is the lowest ranking and 5 the highest.** Attach another sheet if necessary.

A. Scholastic ability/Nutrition counseling ability **1 2 3 4 5**

Please explain your ranking (consider training and experience with motivational counseling, lactation training, communication skills, compassion):

B. Commitment to working with low income communities **1 2 3 4 5**

Please explain your ranking (consider overall work in both personal and employment experiences):

C. People skills & potential for working in community nutrition **1 2 3 4 5**

Please explain your ranking (consider WIC and other community and multi-cultural nutrition work experience, study abroad, commitment to WIC):

D. Potential for making a significant contribution to field **1 2 3 4 5**

Please explain your ranking (consider WIC agency projects and involvement, community involvement):

Please return this form with your CNC Application by January 15, 2019.



CURRENT WIC EMPLOYER REFERENCE RECOMMENDATION FORM

Applicant's Name: _____

Applicant's Reference: _____

Reference's Address, Phone, Email: _____

How long have you known the applicant? _____

What is your relationship? _____

Applicant's employment date _____ Part-time or Full-time
If PT, avg hours/month _____

Please rate the student in the following criteria. Circle the number which you feel most closely describes the applicant's abilities. **1 is the lowest ranking and 5 the highest.** Attach another sheet if necessary.

A. Work habits as a member of a team 1 2 3 4 5
Please explain your ranking:

B. Commitment to working with low income communities 1 2 3 4 5
Please explain your ranking:

C. People skills & potential for working in community nutrition 1 2 3 4 5
Please explain your ranking:

D. Potential for making a significant contribution to field 1 2 3 4 5
Please explain your ranking:

Please return this form with your CNC Application by January 15, 2019.



FINANCIAL BUDGET WORKSHEET

Instructions: Complete the following budget worksheet and provide a one to two paragraph financial need statement. Please see below for specific instructions.

ESTIMATED RESOURCES

Personal contribution _____

Other contributions _____

Savings _____

Other scholarship aid _____

Other loan(s) _____

Work income during school year (From _____ to _____) _____

TOTAL (A) _____

ESTIMATED PROGRAM EXPENSES

Tuition /Program _____

Books and Supplies _____

Housing/Rent _____

Childcare Expenses _____

Other Miscellaneous Expenses _____

TOTAL (B) _____

ESTIMATED FINANCIAL NEED

TOTAL Expenses (enter line B) _____

TOTAL Resources (enter line A) _____

TOTAL NEEDED (line B – line A) (C) _____

FINANCIAL NEED STATEMENT

Write a one to two paragraph statement that explains why you would benefit from being awarded a CNC scholarship. Please be specific when making your statement. Your financial need statement will be carefully reviewed for consideration as this component of the application has a higher weight on the scoring criteria. Please include the following bullet points in your statement as well.

- How are you currently financing your education? Sources of financial aid help from family, taking out student loans or private loans, working at a job.
- What difficulties have you faced in paying for your education? Are there extra costs this year? Has there been a change in your family or personal situation that is making it harder for you to pay for program?
- Why should you be considered to receive a CNC Scholarship?