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**2020-2021 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

**NEW THIS YEAR! Email your application package to** [**lworkman@calwic.org**](mailto:lworkman@calwic.org) **OR** Mail **ORIGINAL** and **ONE COPY** of your application package to:

**Lena Workman**

**California Nutrition Corps**

**California WIC Association**

**3960 Industrial Blvd, Ste 500**

**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. ***EMAILED OR MAILED APPLICATIONS MUST BE RECEIVED BY 3:00PM ON JANUARY 15.***

Scores are given based on essay, financial need, ethnicity, and WIC years of service.  Awards will be based on scores and advisory committee recommendations.

**Timeline for the CNC Scholarship Program for 2020-2021 Academic Year**

**November 16, 2020** Scholarship Applications Available

**January 15, 2021** Completed application packets due to California WIC Association by **3:00 pm (MAILED OR EMAILED)**

**March 12, 2021** Scholarship Winners will be notified via mail. Checks will be issued after receipt of signed release form.

**2020-2021 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:  🞏 African American 🞏 Asian/Pacific Islander 🞏 Caucasian 🞏 Latino/Latina 🞏 Native American 🞏 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):  ❑ WIC Dietetic Internship ❑ Other Dietetic Internship ❑ Graduate School ❑ 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, 2021.**

**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, 2021.**

**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.**

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**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?