Please complete the application completely.

Г

 * 1. Please enter your permanent address information.

Name:	
Address:	
City/Town:	
State:	select state
ZIP/Postal Code:	
Country:	
Email Address:	
Phone Number:	

2. Your Academy membership number:

* 3. Please enter your school/current information.

School:		
Address:		
City/Town:		
State:	select state	•
ZIP/Postal Code:		

4. I am currently enrolled in:

Coordinated Program

Dietetic Internship

Didactic Program

Dietetic Technician Program

1.

* 5. Please enter your information:	
Major field of study:	
Cumulative GPA:	
Last semester GPA:	

Please list your major activities, achievements and honors below that indicate scholarship and leadership.

Where possible, add specific dates/period of involvement.

1. Please list your major college activities.

2. Please list your major college achievements, honors and awards.

3. Please list your community activities.

4. Please list your community achievements, honors and awards.

5. In under 500 words, please describe why you should receive the Washington State Academy's outstanding student award.

6. By typing your name here, you certify that the information submitted is accurate.

2.