

BERNICE MATEICKA SCHOLARSHIP

PURPOSE:

To aid students in pursuing an undergraduate or graduate degree in Dietetics, Food and Nutrition, Institutional Food Service Management, Food Science, Nutritional Sciences, and Hotel and Restaurant Management.

AMOUNT: \$1,000.00 plus a complimentary one-year Wisconsin AHF membership

QUALIFICATIONS:

1. Applicants must be enrolled in an accredited program at the time of application for the scholarship. Sophomores, juniors, seniors, and dietetic interns are eligible.
2. Documented financial need on application form.
3. US citizen/legal resident of Wisconsin attending school in Wisconsin.
4. Three (3) letters of recommendation including a current faculty member. References must be received from three persons qualified to give pertinent information as to your character, scholastic ability and professional leadership qualities.
5. Official transcript from all universities attended where five (5) or more credit hours have been earned.
6. Completed applications must be postmarked by February 15. It is the applicant's responsibility to include application form and letters of recommendation in one packet for consideration by the Scholarship Committee.

MAILING ADDRESS: Sharon Silberzahn, R.D., C.D.
Director Nutrition Services
Community Memorial Hospital
W180 N8085 Town Hall Road
Menomonee Falls, WI 53051
E-mail address: ssilberz@communitymemorial.com

SELECTION PROCEDURE:

1. Application and three letters of recommendation are reviewed by each member of the Scholarship Committee.
2. Applications are scored and the Scholarship recipient(s) selected.
3. Notification is sent to the scholarship recipient(s) and other applicants by approximately **March 3** and payment is awarded in **May**.
4. The scholarship recipient is invited to attend the May AHF Meeting to be introduced to the AHF membership and receive their payment.
5. This scholarship award may be received only once.

**WISCONSIN CHAPTER OF THE ASSOCIATION FOR HEALTHCARE FOODSERVICE (AHF)
BERNICE MATEICKA HEALTHCARE FOOD SERVICE SCHOLARSHIP APPLICATION FORM**

COMPLETED APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS:

1. Official transcript from all universities attended where five (5) credit hours have been earned.
2. Completed application form.
3. Three (3) letters of reference.
4. Include additional sheets to answer questions as needed.

NAME _____
Please Print or Type

PERMANENT LEGAL ADDRESS _____
Street

_____ () _____
City State Zip Area Code Phone No.

PRESENT ADDRESS(School) _____
Street

_____ () _____
City State Zip Area Code Phone No.

E-mail Address: _____

LIST OF UNIVERSITIES OR SCHOOLS ATTENDED AFTER HIGH SCHOOL GRADUATION:

NAME OF UNIVERSITY	CITY, STATE	YEARS ATTENDED FROM - THROUGH
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST NAMES AND ADDRESSES OF THREE (3) REFERENCES FROM WHOM LETTERS OF RECOMMENDATION WERE RECEIVED:

1. _____
Name Title

Street City, State Zip

2. _____
Name Title

Street City, State Zip

3. _____
Name Title

Street City, State Zip

Briefly summarize your professional and career goals and what you hope to contribute to the profession of dietetics.

Year in School: (i.e. second semester Junior): _____

Expected Graduation Date: _____

Cumulative Grade Point Average (include transcript): _____

The data I have submitted is correct to the best of my knowledge. I intend to work in healthcare food and nutrition services.

SIGNATURE

DATE

**MAIL TO: Sharon Silberzahn, R.D., C.D.
Director Nutrition Services
Community Memorial Hospital
W180 N8085 Town Hall Road
Menomonee Falls, WI 53051**

Due by: February 16