



## Education Stipend Application

### Applicant Contact Information

Please print clearly

Date of Application: \_\_\_\_\_ AND Membership #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Current Place of Employment: \_\_\_\_\_

### Program Information

Objectives: Please provided program flyer

Date of Presentation: \_\_\_\_\_  
Organization Program Presented: \_\_\_\_\_  
Topic of Presentation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number of Attendees: \_\_\_\_\_

### Applicant Signature

I do hereby certify that the information I provided in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Submission Information

Please e-mail completed application, objectives, and flyer to: [info@eatrightri.org](mailto:info@eatrightri.org), attention: RIAND President.

You will receive a more timely response if you e-mail but if you choose, you may mail to:

Rhode Island Academy of Nutrition and Dietetics, Attention RIAND President  
P.O. Box 6892 Providence, RI 02940-6892

Please direct questions to [info@eatrightri.org](mailto:info@eatrightri.org)