

### **Nutrition Abroad 4 Nutrition Students**

(E-mail completed application to <a href="mailto:nutritionabroad@na4ns.com">nutritionabroad@na4ns.com</a>)

## **Application Information**

	Demographics				
Name:	Date:				
Preferred Name:	Preferred Pronouns:				
Birthdate:	Age: Ethnicity:				
Gender at Birth:	Gender Identity:				
Country of Birth:	Citizenship:				
Religious Affiliation (if any):					
Current Address:					
Permanent Address:					
Phone #: E-mail Address:					
Preferred method of contact:	Phone Call Text Message E-mail				
<b>Emergency Contacts</b>					
Primary:					
Name:	Relationship:				
Phone #:	E-mail address:				
Secondary:					
Name:	Relationship:				
Phone #:					
	d with na4ns website address and encouraged to review all policies.				
Health Insurance, Name of Provider:					
Policy #:	Phone #:				
Shirt or Lab Coat Size:	(i.e. small, medium, large)				



# **Application Information**

### **Educational Institution/Professional Recommendation**

Highest Degree Obtained:					
Name of Education Institution:					
Address of College/University:					
Department Director:					
Phone #:	E-mail:				
Name of Person for Professional Recommendation:					
Phone #:	E-mail:				
Name of Person for Professional Recommendation:					
Phone #:	E-mail:				
They will be e-mailed an evaluation form. Signature below includes permission to contact.					
Program Selection 2026 (3-week rotations)  Please specify 3(if possible) desired times you can complete a 3-week rotation in the months of February – October of 2026. We typically schedule our 3-week rotations on the last 3 full weeks of the month. For example, for February we would schedule the rotation for Feb. 9th -27th.  Date 1:  Date 2:  Date 3:  Please check all dates you are available.					
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Please specify 3(if possible) desired times yo February – October of 2026. We typically sch the month. For example, for February we won Date 1:	all dates you are available.  Nutrition Focus  — Community — Research				



### **Funding Application**

We do our best to ensure every student who wants to attend our program can do so despite their financial situation. It's imperative we understand your current financial situation and needs. This application will help us figure out the best way we can help you achieve your study abroad goals.

Please answer all questions honestly with the information you know now.

1. What is your current student status?

	Intern Undergraduate	e Student	_ Graduate Student			
2.	. Are you currently receiving any form of financial aid for your schooling?  Yes: No: If so, please provide some form of verification for the financial aid/support receiving.					
3.	What is the estimated cost for the following:  a. Airline Tickets: c. Vaccinations: d. Criminal Background Check: e. Travel Medical Insurance					
4.	What type of resources do you have to pay for the below.	ne cost of the program	? Complete the form			
	Funding Source	Expected Amoun	-			
	Personal Savings					
	Family and \$ Gifts					
	Scholarships					
	Private Sponsor					
	Federal Financial Aid (through your college/univ or government	ersity				
	Private Student or Personal Loans					
	Non-College Related Grants					
	Credit Card					
	Crowdfunding/Gofundme					
	Job/work					
	Fundraiser/Garage Sale/E-Bay etc.					
	Other (s) (please specify):					

Total



### **How Did You Hear About This Program?**

Instagram	All Access Dietetics	E-Mail	Professor/Director
Individual	Other:		
If someone referre	ed you to this program, please բ	provide their nam	e and email address.
Name:			
Email:			
	Disclaimer ar	nd Signature	
I certify that my ans	wers are true and complete to the	best of my knowle	dge.
	ads to acceptance, I understand they result in my release.	at false or mislead	ling information in my application
Signaturo:			Date:

See below for further details about the registration process.



#### Phase 1: Complete and turn in the following:

1. Program and Funding application

**Note:** The applications will be reviewed, and the funding for the program will be determined. Students may be contacted to discuss the applications if further clarification is needed.

#### Phase 2: Turn in the following:

- 1. Education Transcripts
- 2. Proof of Identification: Passport, Driver's License, ID Card
- 3. Essay or Sponsor Letter (250-500 words)
  - Self-pay students and students with guaranteed payment methods will submit an essay detailing why they are interested in our program and what they hope to accomplish by attending.
  - Students who need a sponsor will write an essay for their sponsor on why this
    internship is important for them and the reason for their need for financial
    assistance. Students might also need to provide the following:
    - o A photo of themselves
    - A letter from their institution of learning verifying their need for the internship and financial status.
    - o Complete a waiver to share their photo and stories with a sponsor.
- 4. NA4NS Funding Agreement Letter (only signature and date needed)

#### Phase 3: Additional Document Needed for Full Acceptance

- 1. Documents Needed
  - Background or criminal record check
  - Vaccination/Immunization Records (if necessary)
- 2. Acceptance Letter
  - Full payment is needed to guarantee spot.
  - Students will be placed on a waiting list until full payment is made.

#### **Phase 4: Final Documentation and Training**

- 1. Documents Needed
  - Program competencies
  - Health Questionnaire and Food Check List
- 3. Required Sessions and Training for International Travel
  - These sessions will be offered on zoom about one-two months prior to the travel date.

NA4NS business e-mails are secure, and all student information is kept in a secure location. Necessary information will only be shared with sponsors if students sign a waiver, otherwise, student information is never shared with others. Please request our privacy policy for further information.