



# Nutrition Abroad 4 Nutrition Students

(E-mail completed application to [nutritionabroad@na4ns.com](mailto:nutritionabroad@na4ns.com) )

## 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

### Emergency Contacts

#### **Primary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### **Secondary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

***Primary contact should be provided 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)

<i>Month / Dates 2026</i>	<i>Mark Desired Date(s) with an X</i>
<i>March 9 -27</i>	
<i>April 13 -May 1</i>	
<i>May 11 -29</i>	
<i>May 25-June 19</i>	
<i>July 6-24</i>	
<i>September 7 – 25</i>	
<i>October 12 -30</i>	
<i>Specify Desired</i>	

**Please check all dates you are available.**

### Desired Nutrition Focus

\_\_\_\_\_ Renal \_\_\_\_\_ Community  
\_\_\_\_\_ Diabetes/Hypertension \_\_\_\_\_ Research  
\_\_\_\_\_ Mission component  
\_\_\_\_\_ Other. Please specify: \_\_\_\_\_

**Please select all rotations of interest to you.**



## 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 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: \_\_\_\_\_
  - b. Passport: \_\_\_\_\_
  - c. Vaccinations: \_\_\_\_\_
  - d. Criminal Background Check: \_\_\_\_\_ (Should be free in the US)
  - e. Travel Medical Insurance \_\_\_\_\_
  
4. What type of resources do you have to pay for the cost of the program? Complete the form below.

<b><i>Funding Source</i></b>	<b><i>Expected \$ Amount</i></b>	<b><i>Date Funds Available</i></b>
<i>Personal Savings</i>		
<i>Family and \$ Gifts</i>		
<i>Scholarships</i>		
<i>Private Sponsor</i>		
<i>Federal Financial Aid (through your college / university or government)</i>		
<i>Private Student or Personal Loans</i>		
<i>Non-College Related Grants</i>		
<i>Credit Card</i>		
<i>Crowdfunding / Gofundme</i>		
<i>Job / work</i>		
<i>Fundraiser / Garage Sale / E-Bay etc.</i>		
<i>Other (s) (please specify):</i> _____		
<b><i>Total</i></b>		



## How Did You Hear About This Program?

- ☐ Instagram      ☐ All Access Dietetics      ☐ E-Mail      ☐ Professor/Director  
☐ Individual      ☐ Other: \_\_\_\_\_

If someone referred you to this program, please provide their name and email address.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance, I understand that false or misleading information in my application and/or interview may result in my release.*

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

***See below for further details about the registration process.***



## **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:
    - A photo of themselves
    - A letter from their institution of learning verifying their need for the internship and financial status.
    - 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.*