



Chiropractic Association of Louisiana **William S. Boyd Scholarship**

Eligibility Requirements

Residency in the state of Louisiana prior to college and the intent to practice in Louisiana upon graduation

Current enrollment at minimum of Tri-4 or equivalent level in a CCE accredited chiropractic college or university with a current grade point average of 2.75 or better (transcripts required).

Recommendation of a member in good standing of the Chiropractic Association of Louisiana

Three letters of recommendation (family excluded), one of which must be from a faculty member of your college

Submission of a completed scholarship application

Deadline for submission

All required information must be submitted by June 30. Please have your college forward your most current transcripts directly to the Chiropractic Association of Louisiana.

Awards

Scholarships are awarded on an annual basis with winners announced during the CAL Annual Convention.

For more information, please contact:

CAL Scholarship Committee
10636 Timberlake Avenue
Baton Rouge, LA 70810
225/769-5560

E-mail: lachiro@premier.net



Chiropractic Association of Louisiana
William S. Boyd Scholarship

Instructions: Please provide answers to all questions asked and return the completed form to: Scholarship Committee, Chiropractic Association of Louisiana, 10636 Timberlake Avenue, Baton Rouge, Louisiana 70810.

General Information

Name _____ Date of birth _____

Address _____ City/St _____ Zip _____

E-mail address _____ Phone _____

Previous residency address in Louisiana _____

_____ Dates of residency in Louisiana _____

Sponsoring D.C. _____

Chiropractic Education

Name of College _____

Address _____

Phone _____

Current GPA _____ Last term completed _____

Expected date of graduation _____

Other scholarships _____

Pre-chiropractic Education

School _____ City/State _____

Dates attended _____ Degree earned _____

School _____ City/State _____

Dates attended _____ Degree earned _____

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Personal History

In responding to these questions, you may use additional space if desired.

Tell us about yourself (hobbies, interests, etc.) _____

Why do you want to become a chiropractor? _____

What will this scholarship mean to you? _____

Signature of applicant _____ Date _____

Your signature indicates that the information provided in this application is accurate.