

LOGAN UNIVERSITY

BRIAN E. STANEK, DC MEMORIAL SCHOLARSHIP

This is a \$500 scholarship to be awarded to one (1) student in the 2015 summer trimester. The recipient will be selected through a blind selection process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

Scholarship Criteria:

1. Currently enrolled trimester 5 student
2. Cumulative GPA 2.8 or above
3. Must be a Mississippi resident

Application Criteria:

1. Complete scholarship application in full detail
2. Brief paragraph stating need and why candidate is deserving of this scholarship (please provide **only** your student identification number, no name, in the upper right hand corner)
3. Completed evaluation form from a student selected faculty member

Completed application and criteria documents must be submitted to Laurel Miller, laurel.miller@logan.edu, by March 13, 2015 at 3:00 pm.

Scholarship recipients will be required to write a personal letter of thanks to the individual or group that made this scholarship available. Scholarship recipients will be recognized at the 2015 Spring Symposium Luncheon that will be held on May 1, 2015.

Name: _____ Trimester: _____ Phone Number: _____

Student Identification Number: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____ Date: _____

NOTE: By signing this application, you also give Logan University permission to release your scholarship information to the donor(s).

FOR OFFICE USE ONLY:

Tri #: _____ GPA _____ Mississippi Resident: _____ Essay: _____

Effective Family Contribution (EFC): _____ Amount of Financial Aid for Trimester: _____

Unmet Need: _____

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Confidential Faculty Scholarship Evaluation Form

Student Identification Number _____

- The student named on the front page of this form is applying for a scholarship(s) awarded by the Scholarship Committee. Their name has been purposely omitted on this page to assist in selecting recipients on a “blinded” basis.
- Respond to the following questions or statements with a numerical score and/or a brief comment. Scoring is based on a 1 to 5 Likert Scale, with **1 being least favorable** and **5 being most favorable**. *Please refrain from using the student’s name or references that may assist in identifying the student to the Scholarship Committee.*
- **This form must be returned to Laurel Miller, Office 288, or by e-mail, laurel.miller@logan.edu, by March 13, 2015 at 3:00 pm.**
- In order to maintain the integrity and confidentiality of your remarks, please do not give the completed form to the applicant.

1. In what capacity have you known this applicant?

_____ Instructor _____ Other (specify): _____

2. How long have you known this applicant? _____

3. Attendance in class (if known). Unknown 1 2 3 4 5

4. Involvement in extra-curricular activities Unknown 1 2 3 4 5

5. Participation in class activities Unknown 1 2 3 4 5

6. Interaction/cooperation with fellow students Unknown 1 2 3 4 5

7. Interaction/cooperation with faculty/staff Unknown 1 2 3 4 5

8. Interest shown toward chiropractic Unknown 1 2 3 4 5

9. Professional behavior and attitude Unknown 1 2 3 4 5

10. Please provide any additional comments you believe to be related to this applicant’s eligibility.

Faculty Signature: _____ Date: _____

Please print faculty name here: _____