

LOGAN UNIVERSITY

TRACEY PARMENTAR MEMORIAL SCHOLARSHIP

This is a \$1,000 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 8 or 9 student (no mixed schedule)

Application Criteria:

1. Completed scholarship application in full detail
2. Complete one page essay stating why you believe you are deserving and in financial need of this scholarship (please provide **only** your student identification number, no name, in the upper right hand corner)
3. Completed evaluation form from a 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: _____

Student Identification Number: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

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:

GPA: _____ Essay: _____ Faculty Evaluation: _____

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

Unmet Need: _____

LOGAN UNIVERSITY

TRACEY PARMENTAR MEMORIAL SCHOLARSHIP

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.*
- **Completed application and criteria documents must be submitted to Laurel Miller, 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: _____