

BRIAN E. STANEK, DC MEMORIAL SCHOLARSHIP

This is a \$500 scholarship to be awarded to one (1) student in the 2016 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 Doctor of Chiropractic (DC) student
- 2. Cumulative DC 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, <u>laurel.miller@logan.edu</u>, by March 18, 2016 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. The Scholarship recipient will be recognized at the 2016 Spring Symposium Luncheon.

Name:	Trimester:	_ Phone Number:	
Student Identification Number:			
Local Address:			
City:	Stat	te:	Zip:
Email:			
Signature:	Date:		
NOTE: By signing this application, you also give Logan Un	niversity permission to rel	ease your scholarsh	ip information to the donor(s).
FOR OFFICE USE ONLY:			
Tri #: GPA Mississippi Residen	ıt: Essay	y:	
Effective Family Contribution (EFC): An	nount 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, <u>laurel.miller@logan.edu</u>, by March 18, 2016 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: _	

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