

LOGAN UNIVERSITY

LORRAINE M. GOLDEN, DC KENTUCKIANA CHILDREN'S CENTER SCHOLARSHIP

This is a \$500 Scholarship to be awarded to one (1) student in 2016. 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. Shows interest and proficiency in Basic Technique
2. Currently completed trimester 6 student
3. GPA: 3.0 or above
4. Minimum 500 word essay on the importance, benefits and changing needs of the pediatric population receiving chiropractic care and how you plan to implement pediatric chiropractic in your professional career.
5. **Optional:** Observe at Kentuckiana Children's Center after Trimester 6

Application Criteria:

1. Complete scholarship application in full detail
2. Evaluation form completed by Pediatrics instructor, Dr. Mary Unger-Boyd, to validate your proficiency in class.
3. Essay Evaluation form provided by Kentuckiana Children's Center evaluated to validate your interest in pediatric chiropractic.

Completed application and criteria documents must be submitted to Laurel Miller, laurel.miller@logan.edu, by March 18, 2016 at 3:00 pm.

Scholarship recipient will be required to write a personal letter of appreciation to the Executive Director of Kentuckiana Children's Center. Scholarship recipient will be recognized at the 2016 Symposium Luncheon.

Name: _____ Trimester: _____

Local Address: _____

City: _____ State: _____ ZIP Code: _____

Best Contact Phone Number: _____

E-Mail Address: _____

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:

Trimester: _____ GPA: _____

Pediatrics Evaluation: _____ Individual Trimester Grades from Pediatrics: _____

Minimum 500 Word Essay: _____ Kentuckiana Children's Center Evaluation Form Completed: _____

Optional visit to Kentuckiana Children's Center: _____

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Confidential "Pediatrics" Instructor 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 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. How long have you known this applicant? _____

2. Attendance in Pediatrics class (score 1 for poor attendance - 5 for excellent attendance):

1 2 3 4 5

3. Participation in Pediatrics class activities (score 1 for not participating – 5 for always participating):

1 2 3 4 5

4. Interaction/cooperation with fellow students (score 1 for not interacting - 5 for always interacting):

1 2 3 4 5

5. Interaction/cooperation with faculty/staff (score 1 for not interacting - 5 for always interacting):

1 2 3 4 5

6. Interest shown toward Pediatrics (score 1 for little interest - 5 for much interest):

1 2 3 4 5

7. Professional behavior and attitude (score 1 for poor behavior - 5 for excellent behavior):

1 2 3 4 5

8. Please provide a brief interpretation of the applicant's expertise in Pediatrics:

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Confidential "Pediatric Essay" Instructor Scholarship Evaluation Form

Student Identification Number _____

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- 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 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.
- **Scoring: (score 1 for poor demonstration of knowledge - 5 for excellent demonstration of knowledge).**

1. Essay demonstrates knowledge as to why children benefit from chiropractic care.

1 2 3 4 5

2. Essay demonstrates knowledge as to when a child begins to benefit from chiropractic care.

1 2 3 4 5

3. Essay demonstrates knowledge of benefit of chiropractic care during mother's pregnancy.

1 2 3 4 5

4. Essay demonstrates recognition as to who receives benefit when pregnant mother is receiving chiropractic care.

1 2 3 4 5

5. Essay demonstrates how chiropractic care changes as a child ages.

1 2 3 4 5

6. Essay demonstrates apart from injuries what might provoke a subluxation in children that are different than those found in adults.

1 2 3 4 5

7. Essay demonstrates what kinds of dysfunctions might result because of a subluxation in a child.

1 2 3 4 5

8. From the Essay please provide a brief interpretation of the applicants understanding of the benefit and importance of pediatric chiropractic.

9. From the essay, please provide a brief interpretation as to how the applicant plans to implement pediatric chiropractic into their professional career.

10. Please provide any additional comments related to this applicant's essay for eligibility. You may attach a sheet if necessary.

Instructor Signature: _____ Date: _____

Please print instructor's name here: _____