

# LOGAN UNIVERSITY

## SCHARNHORST SCHOLARSHIP

This is a \$750 scholarship to be awarded to five (5) students in the 2016 summer trimester. The recipients will be selected through a blind selection process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

Scholarship Criteria:

1. Cumulative DC GPA of 2.8 or above
2. Currently enrolled trimester 2 through 9 Doctor of Chiropractic (DC) student

Application Criteria:

1. Complete scholarship application in full detail
2. Complete a one page essay that demonstrates your professional attitude and personal endeavor.
3. Evaluation form completed by a faculty member, see attached second page for form to complete

**Completed application and criteria documents must be submitted to Laurel Miller, [laurel.miller@logan.edu](mailto:laurel.miller@logan.edu), 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: \_\_\_\_\_

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: \_\_\_\_\_

Amount of Financial Aid for trimester: \_\_\_\_\_ Unmet Need: \_\_\_\_\_

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## SCHARNHORST SCHOLARSHIP

### *Confidential Faculty Scholarship Evaluation Form*

Student Identification Number \_\_\_\_\_

- The student who gave you 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. The student should have put their student identification number in the top, right corner of this evaluation form for you.*
- 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](mailto: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: \_\_\_\_\_