MISSOURI STATE CHIROPRACTORS ASSOCIATION
AUXILIARY SCHOLARSHIP INFORMATION
AND APPLICATION
2013

Purpose: The purpose of the Missouri State Chiropractors Association Auxiliary Scholarship Fund awards is to recognize academic excellence and provide financial assistance to Missouri students enrolled in accredited Chiropractic Colleges.

Eligibility/Criteria: Applicant must be a resident of Missouri in good standing at an accredited Chiropractic College in the United States. A minimum grade point average (GPA) of 2.5 on a 4.0 scale is required. The student must be attending school full-time and be in at least his/her fourth quarter or third trimester of study.

The completed Scholarship Application must be accompanied by the following:

1. **A completed, legible, signed application form**

2. **Official recommendation** from the college's Scholarship Committee or Financial Aid office. Must include current GPA and statement of financial standing with the college.

3. **Two letters** of recommendation from faculty members.

4. **Official transcript** showing current GPA.

5. A brief **statement** on why you should be the recipient of the scholarship, including financial need.

6. **One** (1) - 500 word **essay** on your choice from the following:
   a. How do you envision Chiropractic in the next 5 years.
   b. Why did you choose Chiropractic as a career and how do you intend to apply your education after graduation?

****INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED****

Application and the additional materials should all be mailed together and sent to:

MSCA Auxiliary Scholarship Committee
Attn: Marti Montgomery
48 Karmel Ct.
Defiance, MO 63341
314-605-3130
Marti3254@yahoo.com

Selection Process: All applications will be reviewed and rated by the Scholarship Committee of the MSCA Auxiliary. At a minimum, the Scholarship committee will consist of three members in good standing of the MSCA Auxiliary.

Notification: 2013 award recipients will be announced during the MSCA Convention Banquet at Tan Tara, Lake Ozark, MO August 23, 2013^{h}.

Monies will be forwarded and made payable to the school, to be applied towards student's tuition, books or supply expenses.

Award Monetary Value: Up to (2) Two scholarships will be awarded each year not to exceed $1,000 each.

Schedule for the 2013 Scholarship Awards:

June 15, 2013 Deadline for completed scholarship packets to be mailed. Must have a postmark on or before June 15th, 2013

August 23,2013 Award Recipient(s) announced at the MSCA Convention

November 1, 2013 Scholarship checks will be <u>mailed</u> to the <u>financial aid office</u> of the school being attended.

If you have any questions please contact
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48 Karmel Ct.
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314-605-3130
Marti3254@yahoo.com

Missouri State Chiropractors Association Auxiliary
2013 Scholarship Application Form

Complete all sections; type or print clearly

General Information

Name: _____ SS#: _____

Present Address: _____

Permanent Residence Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Are you the financial head of your household? Yes: _____ No: _____

Chiropractic Education

Name of College: _____

Address: _____

Phone: _____ Current GPA: _____

Last Term Completed _____ Expected Graduation Date: _____

Other Educational Information

List Schools and colleges attended, including high school:

Name	Address	Yrs. Attended	Degree

Have you ever been on academic probation or has there been any other disciplinary action taken against you or which is pending?

No ☐ Yes ☐ Please Describe: _____

_____

_____

(Attach separate sheet, if necessary).

Have you received any honors, awards or scholarships?

No ☐ Yes ☐ Please Describe: _____

_____

_____

(Attach separate sheet, if necessary).

Please describe extra-curricular activities you are involved in at your school
(memberships and/or offices held; attach separate sheet if necessary):

_____

_____

_____

_____

Financial Information:

1. What is your total monthly income from all sources, including spousal income?

   _____

2. What is your current total in assets (bank accounts, accessible trusts, investments)?

   _____

3. What are your total monthly expenditures?

   _____

_____ _____

Applicants Signature **Date**

Complete all of the following in its entirety:

1. **Complete and sign application,**
2. **(3) Recommendation Letters:**
   a. **(1) – Official Recommendation**
   b. **(2) – Faculty Recommendations**
3. **Official Transcript**
4. **Personal Statement**
5. **(1) – 500 Word Essay**

Mail entire packet to:

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