

# The Scharnhorst Scholarship

This scholarship is \$500 and five will be awarded. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

## SCHOLARSHIP CRITERIA:

1. Cumulative GPA of 2.8 or higher
2. Currently enrolled in trimester 2, 3, 4, 5, 6, 7, 8, or 9 (Spring 2013)
3. Must be able to attend awards ceremony and lunch on Tuesday, February 26, 2013

## APPLICATION CRITERIA:

1. Complete 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 second page for form

Completed applications (including all of the above) must be received by **Friday, February 1, 2013 @ 3 p.m.** Scholarship recipients will be required to write a personal letter of thanks to the individual or group that made this scholarship available.

NAME \_\_\_\_\_ TRI. # \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAMES OF INDIVIDUALS RESIDING AT PERMANANT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT PHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY:

GPA: \_\_\_\_\_ ESSAY \_\_\_\_\_ FACULTY EVALUATION \_\_\_\_\_

AMOUNT OF FINANCIAL AID FOR TRIMESTER: \_\_\_\_\_ UNMET NEED: \_\_\_\_\_

THANK YOU LETTER \_\_\_\_\_ PHOTOGRAPH \_\_\_\_\_

*Confidential Faculty Scholarship Evaluation Form*  
*Logan – Scharnhorst Scholarship*

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

- The student who gave you this form is applying for a scholarship(s) awarded by the Financial Aid 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 Financial Aid Committee.*
- This form must be returned to the Financial Aid Office by 3 p.m. February 1, 2013.
- 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 \_\_\_\_\_