

**CHI RHO SIGMA  
DR. LEE JUHAN MEMORIAL SCHOLARSHIP**

This scholarship is \$500 and will be awarded once per year, through a Blind Selection Process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

**SCHOLARSHIP CRITERIA:**

1. Must be a Chi Rho Sigma member
2. Cumulative GPA of 2.8 or higher
3. Must be able to attend awards ceremony and lunch on Tuesday, February 26, 2013

**APPLICATION CRITERIA:**

1. Completed application in full detail
2. Essay describing how you have promoted chiropractic in the community and have helped maintain the integrity of the chiropractic profession (please provide **only** your student identification number, no name, in the upper right hand corner)

Completed applications (including all of the above) must be received in the Financial Aid Office by **Friday, February 1, 2013 at 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 \_\_\_\_\_ CELL  
PHONE \_\_\_\_\_

-

EMAIL \_\_\_\_\_

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

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

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

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

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

FOR OFFICE USE ONLY:

CHI RHO SIGMA MEMBER \_\_\_\_\_ GPA \_\_\_\_\_ ESSAY \_\_\_\_\_

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

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