

TRACEY PARMENTAR MEMORIAL SCHOLARSHIP

This scholarship is \$1,000 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 in trimester 8 or 9, Spring 2013 (No mixed schedule)
2. Must be able to attend the awards ceremony and lunch on Tuesday, February 26, 2013

APPLICATION CRITERIA:

1. Completed application in full detail
2. Complete one page essay stating why you believe you are deserving and in financial need of this scholarship (please provide **only** your student identification number, no name, in the upper right hand corner)
3. Completed evaluation form from a faculty member

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 mad this scholarship available.

NAME _____ TRI. # _____

STUDENT IDENTIFICATION NUMBER _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL PHONE NUMBER _____ CELL PHONE _____

EMAIL _____

NAMES OF INDIVIDUALS RESIDING AT PERMANENT ADDRESS _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT PHONE NUMBER _____

PLEASE CHECK THE FOLLOWING FINANCIAL AID PROGRAMS FROM WHICH YOU HAVE OR WILL RECEIVE FINANCIAL AID THIS AWARD YEAR (JUNE 2010-JULY 2011)

STAFFORD LOAN PROGRAM ___ PERKINS LOAN PROGRAM ___ FEDERAL WORK STUDY ___

SIGNATURE _____ DATE _____

(OVER)

FOR OFFICE USE ONLY:

TRI_____ FACULTY EVALUATION_____ ESSAY_____

2012-2013 EFFECTIVE FAMILY CONTRIBUTION (EFC)_____

(The dollar amount the Department of Education has determined the student is able to pay toward their cost of education)

AMOUNT OF FINANCIAL AID FOR TRIMESTER_____ UNMET NEED_____

FINANCIAL AID FROM:

STAFFORD LOAN PROGRAM__ PERKINS LOAN PROGRAM__ FEDERAL WORK STUDY__

THANK YOU LETTER_____ PHOTOGRAPH_____

TRACEY PARMENTAR MEMORIAL SCHOLARSHIP
Confidential Faculty 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 financial aid 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 financial aid committee.
 - This form must be returned to the Financial Aid Office (room 267, 268, or 269) by **Friday, February 1, 2013, at 3 p.m.**
- 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 _____