

# LOGAN UNIVERSITY

## BRIAN E. STANEK, DC MEMORIAL SCHOLARSHIP

This is a \$500 scholarship to be awarded to one (1) student in the 2019 summer trimester. The recipient will be selected through a blind selection process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

### Scholarship Criteria:

1. Currently enrolled trimester 5 Doctor of Chiropractic (DC) student
2. Cumulative DC GPA 2.8 or above
3. Must be a Mississippi resident

### Application Criteria:

1. Complete scholarship application in full detail
2. Brief paragraph stating need and why candidate is deserving of this scholarship (please provide **only** your student identification number, no name, in the upper right hand corner)
3. Completed evaluation form from a student selected faculty member

**Completed application and criteria documents must be submitted to Laurel Miller, [laurel.miller@logan.edu](mailto:laurel.miller@logan.edu), by Friday, March 15, 2019 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 2019 Spring Symposium Luncheon.*

Name: \_\_\_\_\_ Trimester: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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:**

Tri #: \_\_\_\_\_ GPA \_\_\_\_\_ Mississippi Resident: \_\_\_\_\_ Essay: \_\_\_\_\_

Effective Family Contribution (EFC): \_\_\_\_\_ Amount of Financial Aid for Trimester: \_\_\_\_\_

Unmet Need: \_\_\_\_\_

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### *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 Scholarship 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 Scholarship Committee.*
- **This form must be returned to Laurel Miller, Office 288, or by e-mail, [laurel.miller@logan.edu](mailto:laurel.miller@logan.edu), by Friday, March 15, 2019 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
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4. Involvement in extra-curricular activities	Unknown	1	2	3	4	5
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5. Participation in class activities	Unknown	1	2	3	4	5
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6. Interaction/cooperation with fellow students	Unknown	1	2	3	4	5
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7. Interaction/cooperation with faculty/staff	Unknown	1	2	3	4	5
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8. Interest shown toward chiropractic	Unknown	1	2	3	4	5
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9. Professional behavior and attitude	Unknown	1	2	3	4	5
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10. Please provide any additional comments you believe to be related to this applicant’s eligibility.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print faculty name here: \_\_\_\_\_