

PROMISE AWARD SCHOLARSHIP

The mission of Logan University's College of Chiropractic is to prepare students to become Doctors of Chiropractic who are superbly educated and clinically competent practicing portal-of-entry chiropractic physicians. Logan is committed to being the premier Chiropractic College. The Promise Award will honor applicants demonstrating great promise in supporting the fulfillment of our mission and vision and eventual service to patients through the practice of chiropractic.

This is a one-time, \$2,500 - \$5,000 scholarship, to be awarded to qualified new students entering the Doctor of Chiropractic program for the 2017 summer trimester. The recipients will be selected through a blind selection process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

Scholarship Criteria:

- 1. An entering Trimester 1, full-time, DC student
- 2. An entering cumulative GPA of 3.5 or above

Application Criteria:

- 1. Completed applications (scholarship and admission)
- 2. Official transcripts from all undergraduate institutions attended
- 3. Completed 500-750 word essay describing how the applicant plans to contribute to the vision and mission of Logan University while they are a student. The essay should also describe how the applicant plans to serve patients through the practice of chiropractic after graduation.

Completed application and criteria documents must be submitted to Laurel Miller, laurel.miller@logan.edu, by March 6, 2017 at 3 p.m.

Scholarship recipients will be recognized at the 2017 Spring Symposium Luncheon.

Name: ______ Trimester: _____ Phone Number: ______ Address: _____ City: _____ State: ____ Zip: _____ Signature _____ Date _____ Date _____ Phone Number: _____ Signature _____ Date _____ Date _____ Phone Number: _____ State: ____ Zip: _____ Signature _____ Date _____ Phone Number: _____ State: ____ Zip: _____ Signature _____ Date _____ Phone Number: _____ State: ____ Zip: _____ State: ____ Zip: _____ State: ____ Zip: _____ State: ____ Zip: _____ Signature _____ Date _____ Signature _____ Date _____ Signature _____ Date _____ Signature _____ Signature