LOGAN
UNIVERSITY

FOOT LEVELERS, INC. SCHOLARSHIP

This is a $1,000 scholarship to be awarded to one (1) student in the 2019 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. Currently enrolled Trimester 6 or 7 Doctor of Chiropractic (DC) student
2. DC GPA 3.0 or above
3. Student must show exceptional need. Must complete Verification of Income and Expenses Section.

Application Criteria:
1. Complete scholarship application in full detail
2. Brief paragraph stating why you feel you are deserving of this scholarship
3. Letter of recommendation from faculty member.
4. Acceptability to Scholarship Committee in the areas of professional attitude and personal endeavor.
5. Recent Photo.

Completed application and criteria documents must be submitted to Laurel Miller, 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: _____

Local Address: _____

Marital Status: Dependent Children:
Married   Single   Yes   No   If yes, how many? _____
Divorced   Widow   Date & Place of Birth: _____

How much money can you count on for your college expenses for the upcoming trimester, other than work?
$_____   From what source? _____

Are you or will you be employed while attending college?
Yes   No   Full Time   Part Time   Exp. Monthly Earnings: _____

If married, will spouse be employed?   Yes   No   Exp. Monthly Earnings: _____

Are you or will receive VA Benefits?   Yes   No   Amount: _____

Are you or will you receive Vocational Rehabilitation Benefits?   Yes   No   Amount: _____

Year and Make/Model of Car: _____

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:

GPA: _____   LOR: _____   Total Loan Indebtedness: _____

OTHER: _____   EFC: _____   Unmet Need: _____