

## DR. FAYE EAGLES SCHOLARSHIP

*Dr. Eagles graduated from Logan in February 1953. She started her practice in Rocky Mount, NC, that same year. Dr. Eagles became active in the North Carolina Chiropractic Association, holding all elective offices and eventually becoming the first woman president of the association. Dr. Eagles was a charter member of the American Chiropractic Association and became the first woman to be named ACA "Chiropractor of the Year." She served on the North Carolina Board of Chiropractic Examiners, was a delegate to the Federation of Chiropractic Licensing Boards, and was appointed by President Nixon to the White House Conference on Aging. Dr. Eagles strongly believed in the importance of chiropractic engagement in politics and was a leader in the North Carolina Republican party.*

*Dr. Eagles served as secretary of the Logan Alumni Association and received the association's highest award, the Heritage Award, in 1987. She mentored Logan students and graduates and stayed in close touch with Logan administrators throughout her career.*

This is an \$500 scholarship to be awarded to one (1) student in the 2021 summer trimester. The recipient will be selected from eligible female candidates. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria:

Scholarship Criteria:

1. Female student
2. Currently enrolled trimester 4 Doctor of Chiropractic (DC) student
3. Full time student
4. Cumulative DC GPA 3.5 or above

Application Criteria:

1. Complete scholarship application in full detail

**Completed application and criteria documents must be submitted to Laurel Miller, [laurel.miller@logan.edu](mailto:laurel.miller@logan.edu), by January 19, 2021 at 3:00pm.**

*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 2021 Spring Symposium Luncheon.*

Name: \_\_\_\_\_ Trimester: \_\_\_\_\_ Student ID: \_\_\_\_\_

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: \_\_\_\_\_ Female: \_\_\_\_\_

Amount of Financial Aid for trimester: \_\_\_\_\_ Unmet Need: \_\_\_\_\_