

# LOGAN UNIVERSITY

## FOOT LEVELERS, INC. SCHOLARSHIP

This is a \$1,000 scholarship to be awarded to one (1) student in the 2021 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](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: \_\_\_\_\_

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

### Marital Status:

Married      Single  
Divorced      Widow

### Dependent Children:

Yes    No    If yes, how many? \_\_\_\_\_  
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:

Foot Levelers Scholarship Application

Page 1 of 2

GPA: \_\_\_\_\_

LOR: \_\_\_\_\_

Total Loan Indebtedness: \_\_\_\_\_

OTHER: \_\_\_\_\_

EFC: \_\_\_\_\_

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