# LOGAN UNIVERSITY

### SHARON A. VALLONE, DC, FICCP PEDIATRIC CHIROPRACTIC SCHOLARSHIP

This is a \$500 Scholarship to be awarded to one (1) student in the 2021 summer trimester. The recipient will be selected through a blind selection process. Qualified applicants must demonstrate satisfaction of the following scholarship and application criteria. <u>PLEASE NOTE</u>: Must have at least three (3) applicants apply in order for scholarship to be awarded. Recipient must not have won the Dr. Lorraine M. Golden Kentuckiana Children's Center Scholarship.

Scholarship Criteria:

- 1. Must show an interest in pediatric chiropractic
- 2. Currently enrolled trimester 7 Doctor of Chiropractic (DC) student or above
- 3. GPA: 3.5 or above
- 4. MUST be able to attend the scholarship luncheon on Friday, May 1,2020

Application Criteria:

- 1. Complete scholarship application in full detail
- 2. Evaluation form completed by Pediatrics instructor, Dr. Allison Harvey, to validate your proficiency in class.
- 3. Write a 1-page essay answering the following prompt: "Why do you want to practice pediatric chiropractic?"
- 4. Essay evaluation form completed by Dr. Mary Unger-Boyd, provided by Kentuckiana Children's Center, evaluated to validate your interest in pediatric chiropractic.

# Completed application and criteria documents must be submitted to Laurel Miller, <u>laurel.miller@logan.edu</u>, by January 19, 2021 at 3:00 pm.

Scholarship recipient will be required to write a personal letter of appreciation to the Executive Director of Kentuckiana Children's Center and to Dr. Sharon Vallone. Scholarship recipient will be recognized at the 2021 Symposium Luncheon.

Name:		Trimester:
Local Address:		
City:	State:	ZIP Code:
Best Contact Phone Number:		
E-Mail Address:		
Signature:		Date:
	ogan University permission	to release your scholarship information to the donor(s).
FOR OFFICE USE ONLY:		
Trimester:	GPA:	
Pediatrics Evaluation:	Individual Trimester Grad	les from Pediatrics:
Essay:		



### SHARON A. VALLONE, DC, FICCP PEDIATRIC CHIROPRACTIC SCHOLARSHIP

Confidential "Pediatrics" Instructor 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, <u>laurel.miller@logan.edu</u>, by January 19, 2021 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. How long have you known this applicant? \_\_\_\_\_\_

- 2. Attendance in Pediatrics class (score 1 for poor attendance 5 for excellent attendance):
  - 1 2 3 4 5
- 3. Participation in Pediatrics class activities (score 1 for not participating 5 for always participating):
  - 1 2 3 4 5
- 4. Interaction/cooperation with fellow students (score 1 for not interacting 5 for always interacting):
  - 1 2 3 4 5
- 5. Interaction/cooperation with faculty/staff (score 1 for not interacting 5 for always interacting):
  - 1 2 3 4 5
- 6. Interest shown toward Pediatrics (score 1 for little interest 5 for much interest):
  - 1 2 3 4 5
- 7. Professional behavior and attitude (score 1 for poor behavior 5 for excellent behavior):
  - 1 2 3 4 5
- 8. Please provide a brief interpretation of the applicant's expertise in Pediatrics:

9. Please provide any additional comments related to this applicant's eligibility. You may attach a sheet if necessary.

structor Signature:	Date:
ease print instructor's name here:	

# **LOGAN** UNIVERSITY

### SHARON A. VALLONE, DC, FICCP PEDIATRIC CHIROPRACTIC SCHOLARSHIP

#### Confidential "Pediatric Essay" 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, <u>laurel.miller@logan.edu</u>, by January 19, 2021 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.

#### Scoring: (score 1 for poor demonstration of knowledge - 5 for excellent demonstration of knowledge).

1. Essay demonstrates knowledge as to why children benefit from chiropractic care.

1 2 3 4 5

- 2. Essay demonstrates knowledge as to when a child begins to benefit from chiropractic care.
  - 1 2 3 4 5
- 3. Essay demonstrates knowledge of benefit of chiropractic care during mother's pregnancy.
  - 1 2 3 4 5
- 4. Essay demonstrates recognition as to who receives benefit when pregnant mother is receiving chiropractic care.
  - 1 2 3 4 5
- 5. Essay demonstrates how chiropractic care changes as a child ages.
  - 1 2 3 4 5
- 6. Essay demonstrates apart from injuries what might provoke a subluxation in children that are different than those found in adults.

1 2 3 4 5

- 7. Essay demonstrates what kinds of dysfunctions might result because of a subluxation in a child.
  - 1 2 3 4 5
- 8. From the Essay please provide a brief interpretation of the applicants understanding of the benefit and importance of

pediatric cl	niropractic.
--------------	--------------

- 9. From the essay, please provide a brief interpretation as to how the applicant plans to implement pediatric chiropractic into their professional career.
- 10. Please provide any additional comments related to this applicant's essay for eligibility. You may attach a sheet if necessary.

Instructor Signature:	Date:
Please print instructor's name here:	