

# LOGAN UNIVERSITY

## TRACEY PARMENTAR MEMORIAL SCHOLARSHIP

This is a \$750 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:

Scholarship Criteria:

1. Currently enrolled trimester 8 or 9 Doctor of Chiropractic (DC) student (no mixed schedule)

Application Criteria:

1. Completed scholarship application in full detail
2. Complete one-page essay stating why you believe you are deserving and in financial need of this scholarship (please provide **only** your student identification number, no name, in the upper right hand corner)
3. Completed evaluation form from a faculty member

**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 Identification Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

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:**

GPA: \_\_\_\_\_ Essay: \_\_\_\_\_ Faculty Evaluation: \_\_\_\_\_

Effective Family Contribution (EFC): \_\_\_\_\_ Amount of Financial Aid for Trimester: \_\_\_\_\_

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

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## TRACEY PARMENTAR MEMORIAL SCHOLARSHIP

### *Confidential Faculty 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.*
- **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.**
- In order to maintain the integrity and confidentiality of your remarks, please do not give the completed form to the applicant.

1. In what capacity have you known this applicant?

Instructor \_\_\_\_\_ Other (specify) \_\_\_\_\_

2. How long have you known this applicant? \_\_\_\_\_

- |   |         |   |   |   |   |   |
|---|---------|---|---|---|---|---|
| 3. Attendance in class (if known).              | Unknown | 1 | 2 | 3 | 4 | 5 |
| 4. Involvement in extra-curricular activities   | Unknown | 1 | 2 | 3 | 4 | 5 |
| 5. Participation in class activities            | Unknown | 1 | 2 | 3 | 4 | 5 |
| 6. Interaction/cooperation with fellow students | Unknown | 1 | 2 | 3 | 4 | 5 |
| 7. Interaction/cooperation with faculty/staff   | Unknown | 1 | 2 | 3 | 4 | 5 |
| 8. Interest shown toward chiropractic           | Unknown | 1 | 2 | 3 | 4 | 5 |
| 9. Professional behavior and attitude           | Unknown | 1 | 2 | 3 | 4 | 5 |

10. Please provide any additional comments you believe to be related to this applicant’s eligibility.

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Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print faculty name here: \_\_\_\_\_