The Academy of Missouri Chiropractors

SCHOLARSHIP APPLICATION FORM

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Present Phone # _____ Permanent Phone # _____

Married ( ) Single ( ) Number and ages of children: _____

Present employer name & address w/position held: _____

EDUCATION:

High School	Dates Attended	Date of Graduation
College (other than chiropractic)	Dates Attended	G.P.A.
Chiropractic College	Dates Attended	G.P.A.

Expected Date of Graduation: _____

Application is for a minimum of $400.00 to a maximum of $1000.00 Scholarship per participant.

REQUIREMENTS:

1. Completed application form
2. An official transcript of at least one year of chiropractic college work from the registrar reflecting at least a 2.5 G.P.A.
3. **Two letters of reference. One should be from a faculty member of the chiropractic college you are attending.**
4. Explain your need for financial assistance.
5. Tell us about your first and your latest chiropractic adjustment.
6. Answer the following question: ***My family (including my parents and my children) live in your city; why should they come to <u>your</u> office for chiropractic care?***
7. Scholarship applications must be postmarked no later than March 15th.

Send information to: Brent E. Easley, D.C., 1702 W. US Hwy 160, West Plains, MO 65775
ATTN: Scholarship Committee