



Life Chiropractic Scholarship Application Form

2022-2023 Application Form

Please type your answers to question #8 on a separate sheet of paper.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () Email Address: _____
4.	Date of Birth: Month Day Year Gender: M F (circle one)
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent sealed school transcript is required.
6.	Are you the first person in your family to go to college: YES ___ NO ___
7.	Name and location of High School attending: _____
8.	(If your resume or activities sheet answers question 8, please attach and skip to Question 9.) A. List any academic honors, awards, and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities, and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:
9.	A. If you have decided on what college you will attend, please list school name: B. If not, list your top 3 college choices:

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote Life Chiropractic of Olney Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____