UNIVERSITY CHIROPRACTIC & WELLNESS SCHOLARSHIP

SCHOLARSHIP BACKGROUND

Background Information About This Scholarship

University Chiropractic & Wellness established this annual scholarship in line with the founding mission of the practice to create positive impact and enhance wellness in the community. The mission was founded on the premise of giving back to the community and to be a positive force locally. The University Chiropractic & Wellness Scholarship reaches beyond the physical constraints of the office in order to make a positive change within the community by providing a scholarship that favors local volunteers and individuals that want to make a difference in the community.

University Chiropractic & Wellness does <u>not</u> have any political nor religious affiliation. The main and only affiliation it has is the community as a whole with its diversity, differences, similarities, genders, orientations, ethnicities, etc. The goal for this scholarship is to:

• Enhance the integrity and unity within the community

- Create belonging and understanding among community members
- Thank the community for their support of University Chiropractic & Wellness
- Encourage applicants and other community members to do volunteer work

Recipients of the University Chiropractic & Wellness Scholarship will be chosen with the hope and expectation that they will work hard in their education goals and become influential leaders in their communities in whatever career path they pursue in their lives.

SCHOLARSHIP AWARD

UNIVERSITY CHIROPRACTIC & WELLNESS SCHOLARSHIP

Three (3) scholarships of \$500 each will be awarded to:

- 1- Three recipients pursuing an undergraduate or graduate program.
- 2- The awards will be ONE TIME for each awardee, and each year will have different awardees.
- 3- The awards will be announced by the end of August 2020.

Specifics:

- 1- The undergraduate applicants must have a minimum GPA of 2.5 of their most recent school/college experience.
- 2- Applicants must be going into one of these majors:
 - A- Health Sciences
 - B- Nutrition
 - C- Mental Health, Psychology, Sociology
 - D- Wellness Related Majors
- 3- Applicants must be going (or will be going) to a college in Portage County.
- 4- Scholarships can be used for ANY program level: BA, BS, MA, PhD, Associate Degree, Diploma, Certificate, etc.
- 5- Applicants must have done minimum of 20 hours of volunteer work in the previous six months to the time of submitting the application. All volunteer work must be documented and signed off by the agency, organization, school, or whichever institute the volunteer work was done for/at. There is a time sheet attached to the application for the volunteer work.
- 6- Due date for application submission is August 1st, 2020
- 7- Applications must be mailed to The Portage Foundation (address detailed below)

Volunteer Opportunities:

- <u>Habitat for Humanity Kent</u> (330)677-8881
- APL (330)296-4022
- Application: www.portageapl.org American Red Cross (800)733-2767
- Application: www.redcross.org
 Coleman Professional Services
- Coleman Professional Services
 (330)673-1347
 Application: colemanservices.org
- Focus Rescue & Rehab (330)212-8754
- Application: focusrescueandrehab.org

- <u>Portage County Salvation Army</u> Application: neo.salvationarmy.org
- Laurie Artz (courthouse) (330)620-6956
- <u>Sandy Conigton</u> (Bailiff at courthouse) Phone (330)297-3644
- KSU LGBTQ (330)672-8580
- Call, visit social media pages, or visit KSU community engagement learning for more information on opportunities.

APPLICATION INSTRUCTIONS

The application should be neatly handwritten or typed and filled-out completely. The Portage Foundation is administering the scholarship and will review applications in conjunction with University Chiropractic & Wellness.

By August 1st, 2020 return scholarship application to:

The Portage Foundation

138 East Main St. – Suite 201

Kent, OH 44240

Attention: University Chiropractic & Wellness Committee

Please contact The Portage Foundation, Linda S. Fergason Executive Director with any questions. 330-474-0480.

APPLICATION DEADLINE AUGUST 1ST 2020

SCHOLARSHIP

MINIMUM REQUIREMENTS

- 1- Two letters of recommendation from school or work, but not from relatives or friends.
- 2- A two-page (approximately 500 word) essay (prompt below)
- 3- A cover letter
- 4- Completed a minimum 20 hours of volunteer work in Portage County in the previous six months to the day of your application submission.
- 5- Financial need is not required but will be factored in if applicant provides FAFSA with their application.

ESSAY QUESTIONS / CRITERIA FOR SELECTION

A two-page (500 word) essay answering the following questions (all answers should make around 500 words):

- 1- "What are your career goals for your major?"
- 2- "If you were to establish a scholarship in the future, how would you determine the recipients and why?"
- 3- "What are some obstacles you have faced in your school experience or life in general, and how have you worked to overcome them?"
- 4- Briefly describe your volunteer work, how it changed/influenced you and what you learned from the experience.

THE SELECTION COMMITTEE

The selection committee will consist of 3 members:

- 1- Dr. Amber Aiken
- 2- Ayham Abuzeid
- 3- Ariana Parry

SCHOLARSHIP

APPLICATION DEADLINE AUGUST 1st 2020

APPLICANT INFORMATION							
Name:							
Date of birth: /	/		E-mail:				
Home Phone:		Cell Phone:					
Address:							
City:			State: ZIP:				
EDUCATIONAL INFORMATION							
High School Graduation or GED	Name	Name of Institution					
Graduation Date:							
University credits completed, Sophomore status verified	Name	Name of College or University					
Date of enrollment:							
Field of Study:							
Estimated Completion Date:							
Attending Summer Y / N							
Transferred in Y / N							
OTHER FINANCIAL AID INFORMATION							
Are you receiving other student financial aid or scholarships? Please list name and amount:							
1.			2.				
3.			4.				
COMMUNITY VOLUNTEER ACTIV ITIES							
Please complete if applicable. Add an additional sheet if needed to accommodate all of your information.							
ACTIVITY	Year	Month	Agency	Supervisor Sing-Off	ACCOMPLISHMENTS		

SCHOLARSHIP						
Additional Comments by Applicant:						
I fully understand that all information submitted to the UNIVERSITY CHIROPRACTIC & WELLNESS Committee will be used to						
determine the selection of applicants to be awarded scholarships. I give my consent to the						
abide by their decisions. The information provided in this application is true and accurate to the best of my knowledge.						
SIGNATURE OF APPLICANT:	DATE:					
	1					