

ICAA



**INTERNATIONAL
CHIROPRACTORS
ASSOCIATION
AUXILIARY**

**ALMA NEILSEN
PERPETUAL SCHOLARSHIP
APPLICATION FORM
2017**

**INTERNATIONAL CHIROPRACTORS ASSOCIATION AUXILIARY
ALMA NEILSEN PERPETUAL SCHOLARSHIP**

ICA AUXILIARY SCHOLARSHIP APPLICATION REQUIREMENTS:

1. Applicant **must be a member in good standing** with the SICA.
2. Applicant must be a “**sophomore**”, “**junior**” or “**senior**” -**level student** in their chiropractic program (first-year students are not yet eligible for this scholarship).
3. **Three (3) letters of recommendation** must accompany this application;
 - a. One of the letters of recommendation must be from a doctor of chiropractic who is a member in good standing with the ICA.
4. A **copy of the photo student ID** must be attached to the original application.
5. All pages of the application form and any related materials must be **submitted in triplicate** to the Scholarship Committee for consideration.
6. This application (with three copies) must be completed and forwarded to the Scholarship Committee Chairperson **no later than APRIL 7, 2017** in order to ensure your application is considered.

Return application to: Mrs. Judi Coffman
ICAA Scholarship Chair
4289 Bonny Oaks Drive, Suite 107
Chattanooga, TN 37406
judicoffman@comcast.net
FAX: 423-892-9985 / PH: 423-322-0213

PERSONAL INFORMATION: *(Please complete all information)*

Name _____ Age _____ Gender _____

Address _____ City _____ State, Postal Code _____

Telephone _____ Fax _____ E-mail _____

Marital status _____ Spouse's name _____

Your Social Security # _____ Spouse's Social Security # _____

Dependents: Number _____ Ages _____

Your employer's name & address _____

Your spouse's employer's name & address _____

CHIROPRACTIC COLLEGE INFORMATION:

Name & location _____

Entrance date _____ Expected graduation date _____

Current grade point average _____ Current academic level _____

Professional affiliations: ICA ACA Other (list): _____

Extracurricular clubs & organizations (please include leadership positions): _____

List any other pertinent chiropractic college activities, internships, etc. _____

Pre-Chiropractic education (Name of college, address, degree received & date) _____

Character References (One must be a current ICA member: Name, Address, Telephone)

1. _____
2. _____
3. _____

FINANCIAL & FAMILY RESOURCE INFORMATION:

(All areas must be completed. Where no information is available please list "none.")

Monthly expenses:

Monthly Tuition _____ Books _____ Equipment _____
Rent _____ or House Payment _____ Utilities _____
Food _____ Transportation _____ Clothing _____
Insurance _____ Child Care _____ Household _____
Incidental _____ Other (give detail) _____

Total current monthly expenses _____

Monthly income:

Your income _____
Your spouse's income _____
Loan or VA benefits _____
Interest & investment income _____
Unemployment benefits _____
Aid from parents _____
Child support/alimony _____
Other (please list) _____

Total monthly income _____

ESSAY SECTION:

On a separate sheet/document, please write a comprehensive essay (250 words minimum) on your commitment to chiropractic, your vision for supporting the growth of the chiropractic profession, and why this scholarship should be awarded to you.

DATE AND SIGN:

Date _____ Applicant's signature _____

COLLEGE ADMINISTRATOR SECTION:

The Following Information Is To Be Filled In By The Dean:

Candidate Name: _____

Scholarship standing _____

Cooperative behavior _____

Integrity & reliability _____

Leadership & initiative _____

Seriousness of purpose _____

Paraprofessional pride & activities _____

Did you personally interview this applicant? _____

Additional comments _____

Dean of: Chiropractic College/University: _____

Name: _____

Date: _____ **Signature:** _____

RETURN BY APRIL 7, 2017 TO:

**Mrs. Judi Coffman
ICAA Scholarship Chair
4289 Bonny Oaks Drive, Suite 107, Chattanooga, TN 374064
judicoffman@comcast.net
FAX: 423-892-9985**