

**STATE OF ALABAMA  
CHIROPRACTIC  
SCHOLARSHIP PROGRAM**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*Optional*

## **General Information**

The State of Alabama Chiropractic Scholarship Program was established October 1, 1985 by the Legislature of the State of Alabama. It is designed to attract able students to the chiropractic profession and to encourage qualified Alabama residents to enter the profession.

## **Student Eligibility Requirements**

1. Be a resident of the State of Alabama.
2. Be a citizen of the United States, or be in the United States for other than a temporary purpose and intend to become a permanent resident of the State of Alabama.
3. Be a full-time student in a chiropractic college approved by the Council on Chiropractic Education and the Alabama Commission on Higher Education.
4. Demonstrate a record of high performance and maintain B average.
5. Agree to return to Alabama after graduation and seek licensure as a Doctor of Chiropractic.
6. Demonstrate a financial need of at least \$1,000.00 for the academic year.
7. Not owe a refund on a grant previously received through the Pell Grant Program, Alabama Student Assistance Program, or the Alabama Student Grant Program.
8. Not be in default on a loan made, insured or guaranteed under the National Direct Student Loan Program, the Stafford (Guaranteed) Student Loan Program, or the Emergency Secondary Education Scholarship Program.

## **Proof of Residency**

Five (5) or more of the following are required as support for the claim of Alabama residency, and should be attached as Appendix A:

- (a) Certification of the student's permanent Alabama residence.
- (b) Certification of the student's Alabama voter registration.
- (c) Evidence of the student's full-time employment within Alabama for the preceding calendar year.
- (d) Evidence of the student's home ownership or ownership of other real property in Alabama.
- (e) Evidence of the student's attendance at or graduation from an Alabama post-secondary institution during the previous academic year.
- (f) Other evidence that the student has established and maintained an Alabama domicile for the previous twelve (12) months.

Statutory Authority: Alabama Code of Alabama Section 16-5-11.



Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

17. What is the earliest date you anticipate you will be eligible to take your Alabama State Chiropractic Board Examination? \_\_\_\_\_
18. Do you owe a refund on a grant or are you in default on an educational loan previously received? \_\_\_\_\_
19. Please have a certified transcript from all previous colleges/universities attended forwarded to this office. (First time applicants only.)
20. On a separate sheet of paper, briefly explain why you have chosen Chiropractic as a career. Please attach sheet to application.

*I agree that the State of Alabama Chiropractic Scholarship Council has my permission to request and receive, at any given time, from the chiropractic institution I am attending, certified documentation concerning my attendance, academic standing, financial need, and any other records the college maintains about me while I am in attendance.*

*I certify that the information contained on his application is accurate and complete. I agree that the institution, the Alabama State Chiropractic Scholarship Council and the State of Alabama Commission on Higher Education have my permission to verify it. Completion of the application indicates my intent to return to Alabama and seek licensure as a Doctor of Chiropractic.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: Five (5) proofs of Alabama residency are required. Please attach to this application.

### **Use of Social Security Number**

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 522a) requires that when any Federal, State, or Local government agency requests an individual to disclose his/her social security account number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, applicants are advised that disclosure of their social security number (SSAN) is required as a condition for participation in the State of Alabama Chiropractic Scholarship Program. In view of the practical administrative difficulties which the Program would encounter in maintaining adequate program records without the continued use of the SSAN.

The SSAN will be used to verify the identity of the applicant and as an account number (identifier) throughout the life of the grant in order to record necessary data accurately. As an identifier, the SSAN is used in such Program activities as: determining Program eligibility, certifying school attendance, making and verifying grant payments, and maintaining records of grant payments.

Authority for requiring the disclosure of an applicant's SSAN is in Section 7 (a) (2) of the Privacy Act, which provides that an agency may require disclosure of an individual's SSAN as a condition for the granting of a right, benefit, or privilege provided by law.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Registrar**

**Must be completed by registrar at school listed in item 7**

1. Has the student been accepted by the institution? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the student in good academic standing? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What is the student's cumulative undergraduate GPA on a 4.0 scale? \_\_\_\_\_
4. What is the student's cumulative graduate GPA (if applicable on a 4.0 scale)? \_\_\_\_\_
5. What is/will the student's classification? (Please include terms completed at present and/or previous institutions.) \_\_\_\_\_
6. Indicate system used by the institution: Quarter \_\_\_\_\_ Trimester \_\_\_\_\_ Semester \_\_\_\_\_

*I certify that the information above is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Telephone Number

Affix School Seal Here

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Financial Aid**

**Must be completed by Financial Aid Officer at school listed in item 7.**

Address \_\_\_\_\_

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

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Check One: (Use Congressional Methodology) Dependent \_\_\_\_\_ Independent \_\_\_\_\_

Grant Period: (MM/DD/YY) From \_\_\_\_\_ To \_\_\_\_\_

Estimated Financial Aid for Loan Period \_\_\_\_\_

Adjusted Gross Income \_\_\_\_\_

Estimated Cost of Education for Loan Period \_\_\_\_\_

Expected Family Contribution: (\*See Note) a) \_\_\_\_\_ b) \_\_\_\_\_

Cost Less Aid (+See Note) \_\_\_\_\_

Academic Terms (MM/DD/YY) \_\_\_\_\_

Date in which terms begin: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth \_\_\_\_\_

*My signature below certifies that the information above is true and correct to the best of my ability.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Affix School Seal Here

\* If there are personal or family circumstances, however, please explain briefly on a separate sheet and indicate Adjusted Family Contribution.

+ Estimated Cost of Education less Free Financial Aid less Adjusted Family Contribution.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby affirm that I have had my habitation and permanent residence in the State of Alabama for twelve (12) months immediately preceding the date of this application.

Address \_\_\_\_\_

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

I hereby certify that I am a registered voter in:

County \_\_\_\_\_ State \_\_\_\_\_

Please check the correct certification of Alabama Residency that is attached with this application.

\_\_\_\_\_ Certification of permanent Alabama residence

\_\_\_\_\_ Certification of Alabama voter registration

\_\_\_\_\_ Evidence of full-time employment within Alabama for preceding twelve months

\_\_\_\_\_ Evidence of home ownership or ownership of other real property in Alabama.

\_\_\_\_\_ Evidence of graduation from or attendance at an Alabama post-secondary institution during the previous twelve months

\_\_\_\_\_ Other evidence that an Alabama domicile has been established and maintained for the previous twelve months

Send Package To:

Alabama State Chiropractic Association  
3 South Jackson Street  
Montgomery, AL 36104

Phone: (334) 262-2228  
Fax: (334) 262-3060  
Web: [www.ascachiro.org](http://www.ascachiro.org)  
E-mail: [asca@ascachiro.org](mailto:asca@ascachiro.org)

### WARNING

**Any person who knowingly makes a false statement or a misrepresentation for the purpose of wrongfully obtaining a grant hereunder shall be guilty of a misdemeanor and, upon conviction thereof, be punished by law as provided for a misdemeanor.**