

**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.

State of Alabama Chiropractic Scholarship Program Application

20__ -20__
Academic Year

Committee Date Stamp

Type of Application

___ First Scholarship Request
___ Renewal Scholarship Request

Please print or type this application

1. Social Security Number _____ 2. Student Number _____
3. Name _____
Last First Middle
4. Address _____
Street City State Zip
5. Home Phone () _____ 6. Business Phone () _____
7. College or University attending or planning to attend: _____

8. Field of study: Chiropractic _____ Pre-Chiropractic _____
9. State in which you plan to practice: _____
10. Type of degree you are seeking: _____
11. Are you enrolled or intend to enroll as a full-time student? _____
If yes, indicate the terms in which you will be enrolled: Fall _____ Winter _____
Spring _____ Summer _____
12. Are you a U.S. Citizen or in the process of becoming a U.S. citizen? _____
13. Have you been an Alabama resident for the past twelve months? _____
If yes, please complete and attach Appendix A.
14. Have you received a professional degree? _____
If yes, please indicate the degree received: _____
15. Have you a recorded ACT/SAT score? _____
If yes, please indicate score: ACT _____ SAT _____
16. Have you or are you I the process of completing your pre-chiropractic requirements? _____
If yes, indicate school attended/attending: _____

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
E-mail: 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.