

Keller Family Chiropractic, LLC Alternative Health Care Scholarship

This \$500 scholarship is for a graduating senior of a Fairfield County School or it's equivalent who is interested in Alternative Health Care. (Chiropractic, Homeopathy, Licensed Massage Therapy, Naturopathy, etc). The funds are to be used for educational purposes at any accredited school. The scholarship will be given directly to the student upon presentation by the student of a fee receipt from the school he/she is attending. This scholarship is a grant not a loan and is for one year only. Please complete to form below and submit an essay as explained below. When completed please return to your HS guidance counselor on or before April 15th.

Your Name _____ Date _____

Telephone Number _____ Cell Phone _____

Your Mailing address _____

City _____, State _____ Zip Code _____

HS Graduating From _____ GPA _____

What College will you be attending? _____

When is your enrollment date? _____ ACT/SAT Score _____

What is your expected Major _____

Activities in HS _____

Parent's Information:

Father's Name and Occupation _____

Mother's Name and Occupation _____

Number of Family Members in Household _____ Number of Siblings in College _____

Please complete an essay, which describes why you want to pursue a career in the Alternative Health Care field. The Essay is to be no more than 500 words, and will be evaluated on content, grammar and is only limited to your creativity.

Statement of Need: I, _____, do hereby state and confirm that immediate financial resources are not available to me and if I am awarded the Keller family Chiropractic, LLC Alternative Scholarship, I will use the scholarship to assist in my attending a college or university of my choice. I understand if this scholarship is not used within two college or university semesters, I will forfeit the grant and the alternate will be eligible to claim it.

Signature _____, Date _____

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