



American Black Chiropractic Association

# 2017 Harvey Lillard Scholarship Application

**CURRENT SCHOOL:** \_\_\_\_\_ **CURRENT QTR/TERM:** \_\_\_\_\_  
\*Must have completed 3<sup>rd</sup> Qtr. / 2<sup>nd</sup> Tri.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## EDUCATIONAL BACKGROUND

**PLEASE LIST ALL COLLEGES AND UNIVERSITIES THAT YOU'VE ATTENDED BELOW.**

**COLLEGE/UNIVERSITY:** \_\_\_\_\_  
**NAME/YEARS ATTENDED/DEGREE**

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**NAME/YEARS ATTENDED/DEGREE**

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**NAME/YEARS ATTENDED/DEGREE**

## EXTRACURRICULAR ACTIVITIES

**PLEASE LIST ANY/ALL ORGANIZATION/CLUBS THAT YOU ARE CURRENTLY ACTIVE IN OR HAVE BEEN ACTIVE IN WITHIN THE LAST 5 YEARS BELOW.**

ORGANIZATION NAME	YEAR(S) ACTIVE	POSITION(S)

CIVIC/RELIGIOUS/COMMUNITY	YEAR(S) ACTIVE	POSITION(S)



American Black Chiropractic Association

**Please read each of the questions below and answer them to the best of your ability on a separate sheet of paper. All answers should be typed and submitted in essay format using no less than 200 words per question. Hand written responses will NOT be accepted for review. Applications postdated after May 23, 2017 will not be considered.**

1. Using one of the leadership roles that you've listed in your application, describe what impact the experience had on you, what you contributed, what you learned about yourself, and how it has influenced your plans for the future.
2. Statistics show a low rate of chiropractic patients amongst those in the African American community. Describe your vision or plan of action to help improve those numbers and to effectively make a difference through chiropractic within the African American community.
3. The American Black Chiropractic Association (ABCA) lists the following as one (1) of nine (9) purposes within its organizational Constitution: To assist chiropractic colleges in recruiting qualified black students and faculty members. Describe your vision as to how you will contribute to this purpose while still a student of chiropractic or after graduation.

**MY SIGNATURE BELOW SERVES AS MY PERSONAL & TRUTHFUL STATEMENT THAT I HAVE NOT BEEN FOUND IN VIOLATION OF THE STUDENT CODE OF ETHICS WHILE A STUDENT AT ANY CHIROPRACTIC COLLEGE AND FURTHER GIVES THE ABCA SCHOLARSHIP COMMITTEE PERMISSION TO VERIFY MY STATEMENT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

1. One official copy college transcript (be sure it is not opened)
2. Two letters of recommendations (these may be from your minister college officials, or professors, and or community leaders).

Send completed application and all additional documentations to:

ABCA Scholarship Committee  
c/o Dr. Deborah Little  
3812 Austell Rd  
Marietta, GA 30008  
(678) 905-0799