



American Black Chiropractic Association

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2014 Scholarship Application

CURRENT CUM GPA: _____ CURRENT QTR: _____

NAME OF SCHOLARSHIP: HARVEY LILLARD SCHOLARSHIP

PLEASE LEAVE THIS LINE BLANK

PERSONAL INFORMATION:

NAME: _____

LAST FIRST MIDDLE

FEMALE _____ MALE _____

ADDRESS _____

PHONE _____

EMAIL

EDUCATIONAL BACKGROUND

COLLEGE/UNIVERSITY: _____

NAME YEARS ATTENDED/DEGREE

COLLEGE/UNIVERSITY: _____

NAME YEARS ATTENDED/DEGREE

COLLEGE/UNIVERSITY: _____

NAME YEARS ATTENDED/DEGREE

EXTRACURRICULAR ACTIVITIES

PAID SABCA MEMBER: Yes / No

(Must be a dues paid member of the national ABCA organization!)

ORGANIZATION/CLUB NAME MEMBER SINCE

POSITION/ACTIVITIES

1. _____

2. _____

3. _____

4. _____

5. _____

COMMUNITY/CIVIC/CHURCH:

1. _____

2. _____



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In order for the scholarship committee members to adequately evaluate your qualifications for this scholarship, please answer the following questions to the best of your ability on a separate sheet of paper. Answers may be combined into an essay format, or answered individually. All answers should be typewritten or computer generated. Hand written responses will NOT be accepted for review by the committee.

- 1. Discuss one accomplishment that you are most proud of.**
- 2. Describe any unique challenge or circumstance you face while pursuing your Chiropractic or pre-chiropractic education.**
- 3. What do you see as challenges and opportunities for the chiropractic within the African American community?**
- 4. Describe the vision you see for the Chiropractic profession and the American Black Chiropractic Association.**
- 5. Explain how and why you chose chiropractic**
(MAXIMUM ONE TYPED PARAGRAPH):

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 ABCE SCHOLARSHIP COMMITTEE PERMISSION TO VERIFY MY STATEMENT.

SIGNATURE: _____ DATE: _____

PLEASE INCLUDE THE FOLLOWING DOCCUMENTS 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).**

ALL ESSAY QUESTIONS MUST BE COMPLETELY TYPE WRITTEN OR COMPUTER PRINTED. ANY APPLICATION SUBMITTED OTHERWISE WILL BE DETERMINED AS INELIGIBLE.

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**

NO APPLICATION will be accepted after May 25, 2014 (postdated).