

## HEALING HANDS FOUNDATION OF AMERICA SCHOLARSHIP INFORMATION

Healing Hands Foundation of America will award a minimum of one and maximum of five \$5,000.00 scholarships each year to a student attending an accredited chiropractic college or chiropractic university program. If the student is a son or daughter of a Nebraska Chiropractic Physicians Association (NCPA) member in good standing, the scholarship amount awarded is \$7,500.00. This scholarship will be based on contributions to the chiropractic college/university, academic merit, character, leadership, and interest in furthering education in chiropractic. This is not a financial need scholarship. It is an annual scholarship for students who qualify.

**To qualify for the scholarship, applicants must meet the following criteria:**

- Currently enrolled in an accredited chiropractic college/university
- Maintain a minimum of a 3.0 GPA while completing undergraduate and graduate studies
- Resided in Nebraska for at least two years or graduated from a high school in Nebraska
- Currently a student member of the NCPA or become a student member of the NCPA
- Plan to practice in Nebraska upon graduation from chiropractic college/university

**Application forms are due to the NCPA office by June 1st annually.** Only complete applications will be considered. Each application must include:

- Two recommendation letters, each in a sealed envelope, with the signature of the writer across the envelope seal:
  1. One letter of recommendation from a school source (teacher, school representative, administrator, etc.)
  2. One letter of recommendation from a source outside of college/university (employer, church, volunteer organization, etc.)
- A two-page written essay by applicant that includes the following:
  - What chiropractic means to you
  - Expectations and/or goals when you get into the chiropractic community
  - A description of your most memorable chiropractic experience
  - What you would tell an incoming freshman is the best thing about attending chiropractic school
  - How you plan to use this scholarship
  - Signature of applicant at the bottom of the essay

**The basis in selecting candidates will be:**

- Contributions to the chiropractic community
- Academic merit
- Character and leadership
- A demonstrated interest in furthering the chiropractic profession
- Influence/presence of chiropractic in the life of the student in the future

**Scholarship winners will be announced and awarded at the annual Nebraska Chiropractic Physicians Association fall convention.**

## HEALING HANDS FOUNDATION OF AMERICA SCHOLARSHIP APPLICATION FORM

### CONTACT INFORMATION:

NAME: \_\_\_\_\_  
                    First  Middle Initial  Last

HOME ADDRESS: \_\_\_\_\_  
                    Street  City  State  Zipcode

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENTS/GUARDIANS NAME(S): \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS: *(If you need more space, you may add additional pages)*

How many years have you been interested in chiropractic? \_\_\_\_\_

Are you related to a current member of the Nebraska Chiropractic Physicians Association in good standing? **Y N**

If yes, state the doctor's name: \_\_\_\_\_ How are you related? \_\_\_\_\_

Where do you plan to practice? \_\_\_\_\_

Please list any chiropractic college/university activities you participate in, accomplishments achieved, and any awards received:

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Have you been involved in any community activities? If so, please list them:

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Please list activities you have participated in outside of school during your undergraduate and graduate school years, including employment, church/religious activities, leadership positions, honors and awards:

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**The following information about your enrollment status needs to be verified by your college/university:**

Current GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

College/University: \_\_\_\_\_ Current Trimester: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information included in this scholarship application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Completed application forms with all required attachments are due to the NCPA office by June 1st annually. Scholarship winners will be announced and awarded at the annual Nebraska Chiropractic Physicians Association fall convention.**

**RETURN COMPLETED FORM WITH ALL REQUIRED ITEMS TO:**

NCPA  
Attn: Linda Wortman, Executive Director  
13215 Birch Drive, Suite 200  
Omaha, NE 68164

**QUESTIONS? CONTACT:**

Linda Wortman, NCPA Executive Director  
[lwortman@nebraskachiropractic.org](mailto:lwortman@nebraskachiropractic.org) | 402-934-4744 ext. 212

**Please mark all required items attached:**

- \_\_\_\_ Completed application form
- \_\_\_\_ Letter of recommendation from school source
- \_\_\_\_ Letter of recommendation from an outside school source
- \_\_\_\_ Two-page written essay