

Life Foundation

Founders Education Grant

Scholarship Guidelines

Life Foundation will award a limited number of scholarships based on availability of private funds to students pursuing a Doctor of Chiropractic degree. The award amount is \$1000. per academic year and shall be paid directly to the award recipient.

Renewal of Scholarship

Scholarship may be renewed on an academic year basis contingent upon satisfactory academic progress and availability of funds. Students must reapply by the deadline for the next academic year (May or Oct.). Please attach a separate sheet describing how the scholarship benefited you and why it should be renewed.

Application

Applications will be evaluated by the scholarship selection committee and/or the Board of Trustees; based on the information submitted. Incomplete applications will not be evaluated. Applicants will receive acknowledgement of receipt of their application via email. If acknowledgement is not received within three weeks, applicant may call (770-499-9209) the Life Foundation office for verification. Applicants are responsible for gathering and submitting all necessary information. Interested DC students must complete the application, meet the eligibility criteria and make two completed packets. Send an electronic copy to info@lifefoundationsonline.org and send the original (hard copy) completed packet to:

Life Foundation Scholarship Committee
1634 White Circle Unit 102
Marietta, GA 30066

Awards will be made bi-annually, in July and December. Applications must be postmarked no later than May 31st for the July award and postmarked no later than October 31st for the December award. Grant awards are based on the content and correctness of the paper, and individual need.

Certification and Release

All applicants must sign the attached application, certifying that all information provided is true and complete to the best of their knowledge, and is original in content. If later determined that information contained in the application is false,

misleading or plagiarized, final awards may be rescinded. Upon submission of the completed application, applicants grant Life Foundation the right to use any information contained in the application for the purpose of promoting and publicizing the Program, or as legally permitted or required by law.

Eligibility Requirements

To be considered for this scholarship, the candidate must:

1. Be a sophomore, junior or senior level student enrolled in a regionally accredited chiropractic college
2. Attach a photocopy of the photo student ID
3. Not be related to any of the Life Foundation Board Members
4. Have and maintain a satisfactory cumulative GPA of 2.0 or higher
5. Be a US citizen or eligible non-citizen
6. Submit one letter of recommendation from a teacher, counselor or administrator at your chiropractic college on company letterhead
7. Submit a letter from the office of the registrar stating that you are in good academic standing and are currently enrolled as a sophomore, junior or senior at your chiropractic college
8. Provide a brief (no more than one page) personal statement of your financial need and your plans for usage of the funds
9. Submit research paper (5 page minimum) on the topic provided (excluding *Works Cited* page – minimum of 3 valid references**). Class notes are not an acceptable source, as many instructors do not back up their claims with valid sources.

Research Topic: Submit research paper (5 page minimum, exclusive of the *Works Cited* page) on the topic “The Life and Times of Dr. Sid Williams” through the year 2001 (the paper to include a discussion of the founding and founder of Life Chiropractic College and how it was named). The paper should be in MLA format (2009 copyright). All electronic references should be photocopied and attached to the paper.

Students in the local area are welcome to come by our physical office in Marietta where we have a veritable plethora of information displayed about the life and times of Dr. Sid. In addition, the Life Foundation website (photo section) has numerous documents that can be used for your research.

****Note:** Publications (catalogs, brochures, etc.) or website information from Life University (post 2001) are not acceptable as valid sources for your research as they contain known factual irregularities and statements inconsistent with the truth.

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Having fully read and understood the criteria and instruction for submitting an application for the Donor's Grant as previously described, I hereby submit this completed application packet for consideration of an award. I further understand there is no guarantee of an award, and any award will be based on an objective review of all applications received and amount of funds available for awards. I certify that all information included with this application is true and correct to the best of my knowledge. I understand that false information given will automatically void this application.

Applicant signature

Date

Personal Information

Legal name in full: _____

Local Address: _____

Street

City, State, Zip

Permanent

Address: _____

Street

City, State, Zip

Telephone Number: _____

Day

Evening

Email Addresses: _____

Date of Birth: _____ Male/Female _____

State of Legal residence: _____ Marital Status: _____

Dependents: _____ Ages: _____

Employer's name & address: _____

Supervisor

Hours worked per week: _____

Personal References (2): (Name, Address, and phone Number)

Chiropractic College

Name and location: _____

Matriculation date: _____ Graduation date: _____

Chiropractic clubs, organizations, activities: _____

Post secondary Education

Name of College(s): _____

Address: _____

Degree(s)/Certificate(s) Earned: _____

Graduation Date: _____

Why did you choose chiropractic as a career path?

How do you currently practice the *Lasting Purpose Philosophy* in your life? _____

Personal Financial resources as of _____, 20_____.

Do you currently have a student loan? (yes or no)_____

Do you anticipate having full tuition for the upcoming quarter/semester, funded by student loans? (yes or no) _____

What do you anticipate the loan balance will be upon your graduation? _____

Do you have a previous outstanding balance of student loans (undergraduate, graduate, etc)? (yes or no)_____

If so, what is the balance owed? _____

Are you currently making payments on a student loan? (yes or no)_____

Is your student housing (or apartment) paid for by a student loan? _____

Do you have a parent/guardian or family member who is consistently contributing to your education?_____

Monthly Expenses: (Enter amount paid per month only)

Tuition (not covered by student loans or grant that you are personally responsible for):

Books:_____ Educational supplies:_____

Rent/house payment:_____ Electric/Gas:_____

Telephones:_____ Internet:_____

Water/Sewer/Trash:_____ Television:_____

Car Payment/Transportation:_____ Gasoline:_____

Insurance (medical/life/car/house):_____

Childcare:_____ Clothing:_____ Food:_____

Student loan:_____ Alimony/child support:_____

Other (please detail):_____

Total expenses (above) per month:_____

Monthly Income

Your income: _____ Spouse's income: _____

Loan or VA benefits: _____ Interest/investment income: _____

Child support/alimony: _____ Unemployment benefits: _____

Loan money not used for tuition: _____

Aid from parent/guardian/family: (explain) _____

Other: _____

Total monthly income (above): _____

How much money do you have left over or overdrawn each month? _____

(Subtract the two totals above)

Submit hardcopy of all documents to:

Life Foundation Scholarship Committee

1634 White Circle, Unit 102

Marietta, GA 30066

Submit an electronic version of all documents to: info@lifefoundationonline.org

Applicant check off list:

| | |
|-------|---|
| _____ | Application – hardcopy and electronic |
| _____ | Letter of Recommendation |
| _____ | Letter of Academic Standing (Registrar's office) |
| _____ | Photocopy of current student ID |
| _____ | Brief personal statement |
| _____ | Research paper (5 pages of text plus a <i>Works Cited</i> page) |
| _____ | Photocopy of electronic references (minimum of 3) |
| _____ | Signed Waiver |

**Life Foundation
Grant Waiver**

I grant permission to Life Foundation Inc. (LF) and its agents, employees or assigns, the right to use my photograph(s) and excerpts from my Grant paper (provided by me) for use in any LF publication such as advertising, direct mail, brochures, newsletters, and magazines, and to use the photograph on display boards, and to use such material in electronic versions of the same publications or on web sites or other electronic form or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or intellectual property.

I hereby agree to release, defend, and hold harmless Life Foundation and its agents, employees or assigns.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

If selected as an award recipient, I will be in attendance at the ceremony (instructions sent under separate cover) to receive my award.

Your Name (please print): _____

Signature: _____ Date: _____