



## **RULES GOVERNING THE IOWA CHIROPRACTIC EDUCATION AND RESEARCH FOUNDATION SCHOLARSHIPS**

The Iowa Chiropractic Education and Research Foundation has established up to two annual \$2500 chiropractic scholarships to be awarded to Palmer College of Chiropractic students. These scholarships will be awarded at Palmer College of Chiropractic homecoming weekend.

### **ELIGIBILITY REQUIREMENTS**

The student must be a member of the Iowa Chiropractic Society and have successfully completed a minimum of 5 trimesters at Palmer College of Chiropractic and maintained a cumulative 3.0 GPA at the time of application. The student must be willing to reside and practice in the state of Iowa. Applicants must complete the application and:

- Provide a written essay answering the following questions:
  - o What other organizations or professional activities do you participate in that allow you to advocate for or advance a positive image of the chiropractic profession?
  - o Why did you get into chiropractic?
  - o What might be your potential for future contributions to the chiropractic profession and to Iowa Chiropractic Society?
- Provide a written recommendation from a professor or academic advisor

All documents should be emailed to [membership@iowadcs.org](mailto:membership@iowadcs.org) or mailed to the following address. They must be received no later than **July 31**. Please include your name on all documents submitted.

Iowa Chiropractic Society  
ATTN: ICERF Scholarships  
400 E. Court Ave, Suite 126  
Des Moines, IA 50309

### **SELECTION PROCESS**

Applicants will be evaluated on their potential to become leaders for the chiropractic profession, as demonstrated by involvement in school and community activities, and academic performance. The ICERF Committee will meet in August to select the scholarship recipients based on meeting eligibility requirements and their written application.

## ICERF Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Are you a member of Iowa Chiropractic Society? \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

Attach essay answering all questions listed under eligibility requirements.

Please make sure all email attachments are clearly labeled with the applicant name and contact information, include names on file names as well. By signing this application, I certify that all information is true and correct to the best of my knowledge. Scholarship may be rescinded and/or reimbursed if there is any misrepresentation.

For questions, please contact Linda Reinard, ICS Membership Director at [membership@iowadcs.org](mailto:membership@iowadcs.org).