



KEITH CLINIC ESTRAMONTE CHIROPRACTIC SCHOLARSHIP 2017 APPLICATION FORM

Personal Information

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____ Alternate Phone Number: _____
Email Address: _____

High School Information

Name of High School: _____
Name of High School Counselor/Advisor: _____
Senior or Junior: _____
Address: _____
City, State, Zip Code: _____

College Information

Please list the colleges to which you have applied and indicate your current status:

College: _____	<input type="checkbox"/> Applied	<input type="checkbox"/> Accepted	<input type="checkbox"/> Will Attend
College: _____	<input type="checkbox"/> Applied	<input type="checkbox"/> Accepted	<input type="checkbox"/> Will Attend
College: _____	<input type="checkbox"/> Applied	<input type="checkbox"/> Accepted	<input type="checkbox"/> Will Attend

Applicant's Signature: _____	Date: _____
Parent's/Guardian's Signature: _____	Date: _____

Other Rules/Requirements: The scholarship amounts will be payable to the winners' educational institution. Keith Clinic Estramonte Chiropractic (KCEC) will send you the appropriate college, university or trade school forms to complete for a check to be issued to your chosen school and deposited into your student account. No funds will be issued directly to individuals. For seniors, recipients must show proof of enrollment in the semester beginning no later than fall 2017. For juniors, recipients must show proof of enrollment in the semester beginning no later than fall 2018. Entries may be printed, distributed, and/or published in full or in part at the discretion of KCEC. The applicant and the parent or guardian understand and agree that photographs or video images of the applicant may be taken and those images shall be the property of KCEC and they may be distributed, posted or published at the discretion of KCEC. By submitting your entry, applicant and parent or guardian agrees to all scholarship rules set forth in this document.