

WellCare FOUNDATION

THE 2010 SHERMAN SCHOLARSHIP

In recognition and in honor of the countless contributions to the chiropractic profession by former Ohio State Chiropractic Association executive director and long-time legal counsel Rob Sherman, the Ohio State Chiropractic Association, through its Well Care Foundation, created The Sherman Scholarship valued at \$2,500 annually. Because of his belief in chiropractic and his commitment to education, this is a fitting tribute to Rob who passed away on July 11, 2008.

Eligibility

The scholarship will be awarded to a third year chiropractic student planning to practice in Ohio. Applicants must:

- 1) Be an OSCA student member in good standing.
- 2) Be a full-time student attending an accredited chiropractic college in the United States.
- 3) Maintain a minimum of 2.75 on a 4.0 scale current grade point average (GPA).

Application Process

Applications must be received by the OSCA by 11:59 pm EST on September 8. Applications must be fully completed and submitted to include:

- 1) A copy of the student photo ID.
- 2) Two letters of recommendation from current faculty.
- 3) Official transcript showing current GPA with a minimum of 2.75 on a 4.0 scale.
- 4) Application and additional materials are due no later than September 8, 2010. Please mail to:

OSCA WellCare Foundation Attn: Sherman Scholarship Committee
172 East State Street, Suite 502 Columbus, OH 43215

Selection & Award Procedures

Selection of the winner will be made by the WellCare Foundation Board of Directors no later than September 25. Winner will be notified by September 30, 2010.

The 2010 scholarship will be awarded with a presentation at the OSCA Annual Convention, October 9-10, 2010.

The \$2,500 award will be sent to an official of the chiropractic school for distribution to the student.

Questions

Please email the Ohio State Chiropractic Association at osca@oscachiro.org.

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THE 2010 SHERMAN SCHOLARSHIP – APPLICATION FORM

Personal Information

Full Name _____ Gender _____

Address, City, State, Zip Code _____

Telephone # _____ Email _____

Employer's Name & Address _____

Chiropractic College Information

Name & Location _____

Entrance Date _____ Expected Graduation Date _____

Pre-Chiropractic Education (Name of College, Degree Received, Date) _____

Have you ever been placed on academic probation or has there been any other disciplinary action taken against you or which is pending? ___ No ___ Yes If yes, please describe _____

Professional Affiliates (Check all that apply) OSCA ACA ICA WCA

Extracurricular Clubs, Organizations or Internships _____

Essay Section

On a separate page, please provide a 500 – 1,000 word essay on each of the following questions:

- 1) Describe how a Doctor of Chiropractic has influenced your desire to join the chiropractic profession.
- 2) What are some of the challenges facing chiropractors today, and what hopes do you have for the future of the profession to overcome these hurdles?

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