

# Application for Student Research Scholarship

**ChiroFutures Malpractice Risk Purchasing Group  
The International Chiropractic Pediatric Association**

## *Larry Webster DC Memorial Scholarship*

Date \_\_\_\_\_

Quarter: Winter Spring Summer Fall Year \_\_\_\_\_

Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

What quarter are you in? \_\_\_\_\_

Do you have any advanced degrees or qualifications? Please List

\_\_\_\_\_

Graduated from \_\_\_\_\_  
in 19\_\_\_\_\_/200\_\_\_\_\_

Do you have previous research experience? If yes please describe briefly

\_\_\_\_\_

If you have a project in mind that you would like to do and use this scholarship to support please provide a complete research proposal describing this project in detail. Otherwise it will be assumed you are applying to become involved in an already existing project.

\_\_\_\_\_  
Applicant's Name

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

\_\_\_\_\_  
Date

Along with this application please submit:

1. A current resume or CV
2. A cover letter expressing your interest in the scholarship
3. Transcripts from your school

€ Approved By \_\_\_\_\_

\_\_\_\_\_  
Signature