



Scholarship Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Graduation Year: Current Year in School.:

Chiropractic School:

Are you a student ACA member? YES NO

Are you a Council on Chiropractic Orthopedics student member? YES NO

References

Please list three references who are current or former instructors at your Chiropractic University/College.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Address: Supervisor:

Please submit this application and essay to drdoyle@doylechiro.com.



**COUNCIL ON
CHIROPRACTIC
ORTHOPEDICS**

PRESIDENT: Rob McKnight, DC, FIANM. drrobertmcknight@gmail.com
SECRETARY/TREASURER: Cody B. Doyle, DC, FIANM. drdoyle@doylechiro.com
PAST-PRESIDENT: Larry L. Swank, DC, FACO llswank1976@outlook.com

Additional Information

Please let the CCO know of any additional information you would like us consider while reviewing your application. This information could include such things as past service/volunteer experience, additional Chiropractic training/education/certification (this may be a program you are still taking to achieve additional certifications), and/or leadership roles. (Please attach additional documents if needed.)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application may result in revocation of my scholarship.

Signature: _____ Date: _____



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to drdoyle@doylechiro.com.

Essay Portion

Please type a 500 word essay on how the ACA's Council on Chiropractic Orthopedics (CCO) can help you as a student to understand more fully what a Chiropractic Orthopedist is and how being a Chiropractic Orthopedist can help you in your professional carrier. Please also include any further information you would like to learn about being a Chiropractic Orthopedist. (Please attach additional documents if needed.)

Signature: _____ Date: _____

Please submit this application and essay to drdoyle@doylechiro.com.