Bakke Chiropractic Clinic Scholarship

Application for the Academic Year 2021-2022

Personal Background

Name

First	Middle	Last
Address		
Address Street	City	Zip
Phone Number	email	
**Please use extra sheet	ts where needed and attac	h to this application:
Please list your commun	ity service or volunteer wo	ork.
Please indicate any work	experience.	
Educational Background	:	
High School		
Graduation Date (<i>Please be sure to attack</i>	Cumulative Grad	de Point Average grades from your high school)
School Activities/Honors		



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Career GoalsFocus on a Healthcare Profession:					
1. Which 4-year college do you plan to attend?					
2. What	2. What is your anticipated major?				
3. How will your education be funded? (Check all that apply)					
	Personal Contribution	Parental Contribution			
	Student Loans	Financial Aid			
	Other Scholarships (list names and amounts)				
	Other				
Essay:					

Please respond to the following **two** questions. ***Each essay should be 300 words or less.*

1. Relay an experience that impacted your decision to pursue a career in healthcare.

2. Explain in detail your future goals in the field of healthcare and how the Bakke Scholarship would help you achieve them.

REV SMT 10/01/21

