

Keller Family Chiropractic, LLC

Alternative Health Care Scholarship 2025

This \$500 scholarship is for any previous recipient of our High School Senior Alternative Health Care Scholarship. It is for those who are currently in college and continuing their pursuit in Chiropractic, Homeopathy, Licensed Massage Therapy, Naturopathy, Acupuncture, etc. The funds are to be used for educational purposes at any accredited school. The scholarship will be given directly to the college upon presentation by the student of a fee receipt from the school he/she is attending. This scholarship is a grant, not a loan and is for one year only. Please complete the form below and submit an essay as explained below.

When completed, please return to the address below by May 20th.

Your Name _____ Date _____
Telephone Number _____ () cell () landline
Your Mailing Address _____
City _____ State _____ Zip Code _____
Your Email Address _____ @ _____
High School and Graduation Year _____ Grad: 20 _____
What College are you currently attending? _____
What is your current Major? _____
Activities in College : _____
Family Info: Father's Name _____
Mother's Name _____
Number of Family Members in Household _____ # of Siblings currently in college _____

ESSAY: Please complete an essay, which describes why you want to pursue a career in the Alternative Health Care Field. The essay is to be no more than 500 words and will be evaluated on content, grammar, and is only limited to your creativity.

Transcript: Please attach or have the college/university send a copy of your current transcript.

Statement of Need: I, _____, do hereby state and confirm that immediate financial resources are not available to me and if I am awarded the Keller Family Chiropractic, LLC Alternative Scholarship, I will use the scholarship to assist in my attending a college or university of my choice. I understand if this scholarship is not used within two college or university semesters, I will forfeit the grant and the alternate will be eligible to claim it. I also understand that this is a non-renewable scholarship from Keller Family Chiropractic, LLC, Glen E. Keller, DC.

Signature _____ Date _____

Keller Family Chiropractic, LLC

Glen E. Keller, DC

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