



<u>Scottish Chiropractic Association – Life University Scholarship Application</u>

| Name | |
|---|--|
| | |
| | |
| | |
| | |
| | |
| Address | |
| | |
| Telephone Number: Home | |
| Telephone Pulmber, Frome | |
| M 121 77 1 1 N 1 | |
| Mobile Telephone Number | |
| | |
| E-mail Address | |
| | |
| Date of Birth | |
| | |
| Nominating Chiropractor | |
| | |
| | |
| | |
| | |
| | |
| Address of Chiropractor | |
| | |
| Have you ever received Chiropractic care? | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Qualifications | |

| Have you assessed your qualifications against The Life University entrance standards? http://www.life.edu/apply-to-life-it/application-instructions | |
|---|--|
| Why do you want to study Chiropractic? | |
| What is your understanding of Chiropractic? | |
| Have you heard of the Life Leadership Weekend (LLW)? | |
| If so, have you enrolled for LLW? | |

Please submit this application form with a reference from your Chiropractor to: Morag Cairns, Scottish Chiropractic Association Administrator at admin@sca-chiropractic.org