Keller Family Chiropractic, LLC
Alternative Health Care Scholarship 2026

This $500 scholarship is for a Graduating High School Senior or its equivalent who is pursuing an Alternative Health Care Career. (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 April 15th.**

Your Name _____ Date _____

Telephone Number _____

Your Mailing Address _____

City _____ State _____ Zip Code _____

Your Email Address _____ @ _____

High School and Graduation Year _____ Grad: 20_____

What College will you be attending? _____

Expected Major? _____

Activities in HS : _____

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.

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 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.

Signature _____ Date _____

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