



RULES GOVERNING THE IOWA CHIROPRACTIC EDUCATION AND RESEARCH FOUNDATION SCHOLARSHIPS

The Iowa Chiropractic Education and Research Foundation has established up to two annual \$2,500 chiropractic scholarships to be awarded to students attending an accredited chiropractic college and meeting all additional criteria.

ELIGIBILITY REQUIREMENTS

The student must:

- Be a member of the Iowa Chiropractic Society
- Have completed a minimum of **3** trimesters or **4** quarters
- Have maintained a cumulative **2.5** GPA at the time of application
- Plan to reside and practice in the state of Iowa

Applicants must complete the application and:

- Provide a short (1-page), written essay answering the following questions:
 - What other organizations or professional activities do you participate in that allow you to advocate for or advance a positive image of the chiropractic profession?
 - What or who influenced you to become a chiropractor?
 - What might be your potential for future contributions to the chiropractic profession and the Iowa Chiropractic Society?
- Provide a written recommendation from a professor or academic advisor.

All documents should be emailed to membership@iowadcs.org or mailed to the following address. They must be received no later than **January 31, 2026**. Please include your name on all documents submitted.

Iowa Chiropractic Society
ATTN: ICERF Scholarships
400 E. Court Ave, Suite 126
Des Moines, IA 50309

SELECTION PROCESS

Applicants will be evaluated on their potential to become leaders in the chiropractic profession, as demonstrated by involvement in school and community activities, and academic performance. The ICERF Committee will conduct an interview of selected recipients based on meeting eligibility requirements and their written application.

Iowa Chiropractic Education & Research Foundation~400 E. Court Ave., Ste. 126~Des Moines, IA 50309



ICERF Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GPA: _____ Expected Graduation Date: _____

Are you currently a member of the Iowa Chiropractic Society? _____

Applicant signature: _____

Attach an essay answering all questions listed under eligibility requirements.

Please make sure all email attachments are clearly labeled with the applicant's name and contact information, include names on file names as well. By signing this application, I certify that all information is true and correct to the best of my knowledge. Scholarship may be rescinded and/or reimbursed by the recipient if there is any misrepresentation.

For questions, please contact Linda Reinard, ICS Membership Director at membership@iowadcs.org.