



2026 Harvey Lillard Scholarship Application

CURRENT SCHOOL: _____ **CURRENT QTR/TERM:** _____
*Must have completed 3rd Qtr. / 2nd Tri.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

EDUCATIONAL BACKGROUND

PLEASE LIST ALL COLLEGES AND UNIVERSITIES THAT YOU'VE ATTENDED BELOW.

COLLEGE/UNIVERSITY: _____

NAME/YEARS ATTENDED/DEGREE

COLLEGE/UNIVERSITY: _____

NAME/YEARS ATTENDED/DEGREE

COLLEGE/UNIVERSITY: _____

NAME/YEARS ATTENDED/DEGREE

EXTRACURRICULAR ACTIVITIES

PLEASE LIST ANY/ALL ORGANIZATION/CLUBS THAT YOU ARE CURRENTLY ACTIVE IN OR HAVE BEEN ACTIVE IN WITHIN THE LAST 5 YEARS BELOW.

ORGANIZATION NAME	YEAR(S) ACTIVE	POSITION(S)

CIVIC/RELIGIOUS/COMMUNITY	YEAR(S) ACTIVE	POSITION(S)

Please read each of the questions below and answer them to the best of your ability on a separate sheet of paper. All answers should be typed and submitted in essay format using no less than 200 words per question. Hand written responses will NOT be accepted for review. Applications postdated after May 25th, 2026 will not be considered.



1. Purpose & Motivation

What inspired you to pursue a career in chiropractic care, and how have your personal experiences shaped your vision for your role in the profession?

2. Service & Impact

Describe a moment when you made a meaningful difference in someone's health or well-being. How does this experience influence the way you plan to serve your community as a chiropractor?

3. Leadership & Future Contribution

The chiropractic field continues to evolve. What contributions do you hope to make to the profession—clinically, academically, or through advocacy—and how will this scholarship help you achieve those goals?

MY SIGNATURE BELOW SERVES AS MY PERSONAL & TRUTHFUL STATEMENT THAT I HAVE NOT BEEN FOUND IN VIOLATION OF THE STUDENT CODE OF ETHICS WHILE A STUDENT AT ANY CHIROPRACTIC COLLEGE AND FURTHER GIVES THE ABCA SCHOLARSHIP COMMITTEE PERMISSION TO VERIFY MY STATEMENT.

SIGNATURE: _____ **DATE:** _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1. One official copy college transcript (Official transcripts only). May be emailed to Scholarship@ABCChiro.com.
2. Two letters of recommendations (these may be from your minister, college officials, professors, and or community leaders). Wet signatures not required. Emailed letters accepted at Scholarship@ABCChiro.com and they must be submitted by the person who wrote the recommendation.

Send completed application and all additional documentations to:

Dr. Mariah Payne
Scholarship@ABCChiro.com