

West Kentucky Community & Technical College

John C. Leeper Scholarship

Mentorship Statement

Applicants wishing to be considered for the John C. Leeper Scholarship must provide a statement of mentorship from a certified chiropractor.

Applicant Information

SSN: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Mentor Information

Name: _____ Phone: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Please describe the mentorship activities undertaken with the applicant. Include contact hours, duties performed, etc. Attach additional sheets to this form if necessary.

Student:

You are responsible for delivering this form to your mentor for completion and returning it to the WKCTC Scholarship Office by the stated deadline.

Deadline for Application

March 2, 2009, 4 p.m.

Application & supporting documentation must be received by the stated deadline.

Questions?

WKCTC Scholarship Office

Carson Hall, 2nd Floor

(270) 534-3065

Mon / Tue / Fri 10-2 p.m.

P.O Box 7380 • Paducah KY 42002-7380



KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM

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