



**ZELDA WALLING VICHA
MEMORIAL SCHOLARSHIP CRITERIA
2020**

1. The scholarship will be in the amount of \$2,000, awarded to a Podiatry Student entering his/her fourth (4th) year of school during the fall semester of 2020-2021.
2. The award will be presented to a Podiatry Student with high scholastic achievement and a definite financial need.
3. The recipients will be recognized at the ASPMA Annual Meeting to be held in conjunction with the 2021 Midwest Podiatry Conference. Attendance is not Mandatory.
4. Judging will be performed by the Trustees of the Zelda Walling Vicha Memorial Scholarship Fund.
5. **IF ANY APPLICATION IS RECEIVED INCOMPLETE IT WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP AND WILL BE RETURNED.**
6. Application deadline is **May 15, 2020.**

Application and ALL required documentation must be received via email on or before May 15, 2020.



**ZELDA WALLING VICHA MEMORIAL SCHOLARSHIP
SCHOLARSHIP CHECKLIST**

- Completed Scholarship Application
- Official Podiatry School Transcripts (Unofficial Transcripts are accepted but MUST come directly from Podiatry School Email)
- Two (2) Letters of Recommendations
- Copy of Financial Indebtedness from Podiatry School
- Personal Statement/Biography



List any Activates and Associations:

List any other Honors and/or Recognitions:

FINANCIAL NEED

Please submit proof of financial need provided by the Financial Aid Office of your College. A copy of your total indebtedness is required.

List any and all Financial Aid you are receiving and state the amount:

1. Total amounts of present loans: _____
2. Total amount needed to graduate over present loans: _____
3. Scholarships: _____
4. Annual Salary: _____
5. Other: _____

Please list the financial concerns confronting you in financing your education:

PERSONAL STATEMENT/BIOGRAPHY

Please include a condensed biography and a personal statement to support your request for the Zelda Walling Vicha Memorial Scholarship.

I certify that the information above is accurate and the following information is released with my permission.

Signature of Applicant

Date