

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



ZELDA WALLING VICHA MEMORIAL SCHOLARSHIP APPLICATION 2020

DEADLINE: MUST BE RECEIVED ON OR BEFORE MAY 15TH Please send application and required documents **via email** to:

Tara Brown, PMAC-Scholarship Chair **Email:** aspmascholarship@gmail.com

Attn: 2020 ZELDA WALLING VICHA MEMORIAL SCHOLARSHIP

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Street Address		Apt. #
City	State	Zip Code
Phone	Email Address	
EDUCATION Please submit Official Podiatry S	chool Transcript and Two (2) Lette	rs of Recommendation
College of Podiatric Medicine Yo	u Are Currently Attending	
Expected Graduation Date	Are you current	ly a 3 rd year Student?
Class Ranking (ie. 3/107)	Current GPA	
List any Academic Honors and/or	Published Articles:	



Signature of Applicant	Date
I certify that the information above is accurate a my permission.	nd the following information is released with
the Zelda Walling Vicha Memorial Scholarship.	onal statement to support your request for
PERSONAL STATEMENT/BIOGRAPHY Please include a condensed biography and a personal per	onal statement to support your request for
Please list the financial concerns confronting you	in financing your education:
5. Other:	
Scholarships: Annual Salary:	
2. Total amount needed to graduate over present	loans:
1. Total amounts of present loans:	
List any and all Financial Aid you are receiving and	state the amount:
FINANCIAL NEED Please submit proof of financial need provided b copy of your total indebtedness is required.	y the Financial Aid Office of your College. A
List any other Honors and/or Recognitions:	
List any Activates and Associations:	
List any Activates and Associations:	