



# DAMATO CHIROPRACTIC CENTER

OF GLASTONBURY

730 Hebron Avenue, Suite 4 • Glastonbury, CT 06033 • Office (860) 410.4488 • Fax (860) 410.4492

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## Scholarship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Anticipated College: \_\_\_\_\_ Major: \_\_\_\_\_

Schools previously attended: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

### Required with application:

1. Official transcripts from all schools attended.
2. A brief essay (100-200 words typed) about your background, career goals, financial need and commitment to chosen field of study.
3. A list of activities in which you participated noting any special honors and/or leadership positions.
4. Two (2) letters of recommendation (employer, teacher, etc.) Letters should include information regarding scholastic achievement, character and work-related effort.

DEADLINE: May 1<sup>st</sup>

### Please mail application and attachments to:

Damato Chiropractic Center of Glastonbury  
730 Hebron Ave  
Glastonbury, CT 06033  
Attn: Scholarship

Dr. Nicholas J. Damato

Dr. Robert A. Abate, Jr.