

# **AAPT SCHOLARSHIP APPLICATION INSTRUCTIONS:**

## **Requirements for Application:**

1. The student must be currently enrolled in an entry-level degree PT program or an Associate Degree level PTA program accredited by the American Physical Therapy Association or a program that has applied for candidacy for accreditation.
2. The student must show evidence of excellence in academic achievement.
3. The student must exhibit a true concern for the health care of minority individuals, either by performing or participating in research projects, community activities, or other related activities.

## **Application Instructions:**

1. The student must submit a completed and typed application form which must be signed and dated. ***Applications must be received by 5:00 PM Friday December 1st***
2. The AAPT Scholarship Committee must receive a current official school transcript by the deadline.
3. Submit two letters of recommendation from any of the following: faculty, employer, civic or community leader. Recommendations must be on official letterhead and in a sealed envelope. The recommendations must support the applicant's contribution to the minority affairs in the areas of program development, disease prevention, research, or promotion of minorities in the health field. ***All Transcripts and recommendation letters must be received by 5:00 PM Friday December 1st***

## **Other Pertinent Information:**

1. Completed application, transcripts and recommendation letters must be received by the American Academy of Physical Therapy no later than the above deadline.
2. The scholarship committee will recommend the award recipients to the Executive Committee by late February. The Executive Committee will approve the award recipient(s).
3. The recipient(s) will be notified by **January 31st**
4. The scholarship committee requests that the recipients attend the AAPT Student Conference for recognition (Conference details forthcoming).
5. The AAPT recommends that applicants participate and maintain membership in the Academy.
6. Criteria will be weighed as follows:
  - Contribution to Minority Affairs: 35%
  - Financial Need: 25%
  - PT/PTA GPA 25%
  - American Academy of Physical Therapy Membership: 15%

## **Please Mail Applications and Supporting Documents To:**

**Loretta West, P.T.  
Ortho Rehab & Specialty Center  
13100 Chenal Parkway  
Little Rock, AR 72211  
216-233-4298**

**AMERICAN ACADEMY OF PHYSICAL THERAPY  
Academic Award of Excellence  
APPLICATION**

**Name (Last):** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(M.I.)** \_\_\_\_\_

**Race:**

African-American  
 Black  
 Caucasian  
 Other

Latino (a)  
 Native American  
 Asian

**Gender:**  Male  Female

**Telephone: Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent/ Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Check One:** PT  PTA  **Expected Date of Graduation** \_\_\_\_\_

**Name of Your PT/PTA School:**

\_\_\_\_\_

**Current PT/PTA GPA:** \_\_\_\_\_

**List financial aid resources that you are currently receiving:**

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**Please list the following activities:**

**Volunteer:**

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**Employment:**

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**Professional and Community Involvement/Associations:**

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**Professional Goals:**

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**Personal Goals:**

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**PLEASE RESPOND TO THE FOLLOWING QUESTIONS BELOW USING ONLY THE SPACES PROVIDED:**

1. Briefly describe how you plan to achieve the professional goals listed above:
  
  
  
  
  
  
  
  
  
  
2. Please write a brief statement of your financial need. (Be specific and put amounts):
  
  
  
  
  
  
  
  
  
  
3. How have you contributed to minority affairs in the areas of program development, disease prevention, research or promotion of minorities in the health field?

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**