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    ___ Latino (a)
___ Black               ___ Native American
___ Caucasian           ___ Asian
___ Other

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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list the following activities:

Volunteer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Employment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Professional and Community Involvement/Associations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Professional Goals:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Personal Goals:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 ___________________________