

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

Name (Last) (First) (Middle Initial)

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:

Please list the following activities:

Volunteer:

Employment:

Professional and Community Involvement/Associations:

Professional Goals:

Personal Goals:
