

## Physical Therapy Scholarship

This Scholarship was established by the Wisconsin Paralyzed Veterans of America as we recognize the unique contribution that physical therapy has had on our lives, teaching us how to live independently after suffering the devastating effects of a Spinal Cord Injury. This scholarship was established to provide a continuity of care to Spinal Cord Injured, through scholarships to Physical Therapy students.

The Wisconsin Paralyzed Veterans of America (WPVA) is pleased to announce our annual Physical Therapy Scholarship Award. This \$1000 scholarship will be offered to senior P.T. students enrolled in an accredited Physical Therapy program. In return, WPVA asks that the recipient seek employment in a Spinal Cord Injury Unit or in a Rehabilitation facility for one (1) year, to be completed within three (3) year period after graduation.

To apply for the scholarship you must meet the following criteria:

- A. Be in your final year of an accredited Physical Therapy program.
- B. Attending a Wisconsin based University or Physical Therapy training program.
- C. Demonstrate a need for financial aid.
- D. Be willing to seek employment in a Spinal Cord Injury Unit or Rehabilitation facility.
- E. Complete the application by the deadline given.

### PHYSICAL THERAPY SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_

CURRENT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERMANENT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(IF DIFFERENT) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE # HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE OF ESTIMATED \_\_\_\_\_

GRADUATION: \_\_\_\_\_

APPROXIMATE GPA (Using 4.0 scale): \_\_\_\_\_

MARITAL \_\_\_\_\_

STATUS: \_\_\_\_\_

NUMBER OF \_\_\_\_\_

DEPENDENTS: \_\_\_\_\_

### RECORD OF EMPLOYMENT:

<u>Name of Company</u>	<u>From / To</u>	<u>Job Description</u>
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1.

2.

3.

COMMUNITY INVOLVEMENT OR ACTIVITIES: \_\_\_\_\_

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SCHOOL EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

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BRIEFLY EXPLAIN YOUR PLANS FOR FINANCING YOUR EDUCATION, AND YOUR NEED FOR THE SCHOLARSHIP.

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ADDITIONAL COMMENTS YOU MAY WISH TO OFFER FOR USE IN EVALUATING YOUR APPLICATION: INCLUDE YOUR LONG TERM GOALS AND OBJECTIVES: \_\_\_\_\_

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SUPPLY TWO LETTERS OF REFERENCE WITH YOUR APPLICATION. REFERENCES SHOULD BE PEOPLE FAMILIAR WITH YOUR SCHOLASTIC ACHIEVEMENT, WORK PERFORMANCE, AND/OR BOTH. (FAMILY MEMBERS NOT ACCEPTED AS REFERENCES). COMMENTS SHOULD INCLUDE YOUR ACADEMIC PERFORMANCE, LEADERSHIP, CAREER POTENTIAL, AND ANY OTHER COMMENTS REGARDING YOUR WORTHINESS OF THIS AWARD.

I hereby certify that all information given is true and correct:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR SCREENING PURPOSES ONLY. RECIPIENTS WILL BE NOTIFIED BY MAIL.