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| IPTF Diversity, Equity, and Inclusion Scholarship  |  |
| Application Cover Sheet |

Name:

APTA Member Number:

Current Address:

Permanent Address      :

Home or Cell Phone:

Email:

Preferred Pronouns:

Please indicate preferred mailing address: [ ] Current [ ]  Permanent

Name of physical therapist education program or physical therapist assistant education program in which you are currently enrolled:

Expected date of graduation from physical therapist education program (clinical and didactic) or physical therapist assistant education program:

GPA:

**I hereby certify that all information on this application form is true to the best of my knowledge and may be verified by my academic program.**

*Signature*

*Date*

**Self-identification is important**, and we understand that we each have our own understanding of the words used to describe our own experiences. So that we can best honor your identify and experiences, please best describe how you identify in the responses below and select (as many as you want) from the lists below.

**Racial/Ethnic Background:**

African-American or Black [ ]  Hispanic/Latino [ ]  Prefer Not to Say [ ]

American Indian/Alaska Native [ ]  Native Hawaiian or Other Pacific Islander [ ]  Other:

Asian [ ]  White [ ]

 **Gender Identity: Resident Status:**

Female [ ]  Male [ ]  US Citizen [ ]  Non-US Citizen [ ]

Transgender [ ]  Non-Binary [ ]  Legal Permanent Resident [ ]  Prefer Not to Say [ ]

Prefer Not to Say [ ]  Other:

 **Disability:**  **Languages Spoken:**

None [ ]  Autism Spectrum Disorder[ ]  Primary Language:

Hearing Impairment [ ]  Vision Impairment [ ]  Additional Languages:

Emotional Disturbance [ ]  Mental Illness [ ]

Orthopedic Impairment [ ]  Learning Disability [ ]

Traumatic Brain Injury [ ]  Speech Impairment [ ]

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| **Why are we asking you to complete this information?**Collecting demographic data is part of our commitment to inclusivity and fairness in the selection process. IPTF wants to be a place where all students get a fair and equitable chance in the scholarship process. This data will be compiled in aggregate and not used as a basis for selection but to help us make sure we are making this scholarship accessible to everyone. |

**Instructions:** Please type your information directly into this form. If you need more space than what is provided, note this within the table, and complete answering the questions on a separate sheet of paper. As not all categories may apply to you, leaving spaces blank is acceptable.

**I. Honors & Awards**

A. List academic honors, awards, scholarships, and any honorary societies to which you have been involved with. (excluding high school and within the last 5 years).

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| --- | --- | --- | --- |
| Academic honors, awards, scholarships, societies, etc. | Leadership position (if applicable) | Dates | Reason (if unclear) |
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B. List nonacademic honors, awards, scholarships, and any honorary societies to which you have been involved with. (excluding high school and within the last 5 years).

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| Nonacademic honors, awards, scholarships, societies, etc. | Leadership position (if applicable) | Dates | Reason (if unclear) |
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**II. Community Service**

A. Volunteer community service activities not required by your academic program:

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| Organization/Group | Underserved/minority population worked with (if applicable) | Your specific role (leader, coordinator, participant) and brief description of activities performed | Estimated number of service hours  | Dates of service |
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B. Volunteer community service activities required by your academic program:

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| --- | --- | --- | --- | --- |
| Organization/Group | Underserved/minority population worked with (if applicable) | Your specific role (leader, coordinator, participant) and brief description of activities performed | Estimated number of service hours  | Dates of service |
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C. Professional service activities:

(List IPTA/APTA activities you have been engaged with at the state or national level, e.g., attendance at district, state, or national meetings; committee participation; PT month activities.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level served (national, state, district, etc) | Activity | Dates | Your specific role (leader, coordinator, participant) and brief description of activities performed | Number of hours attended  | Number of hours volunteered |
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D. Other service activities (e.g., within the PT/PTA program/school):

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| Activity | Dates | Your specific role (leader, coordinator, participant) and brief description of activities performed | Number of hours attended  | Number of hours volunteered |
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**III. Non-physical therapy volunteer activities:**

(List any non-physical therapy volunteer activities you have participated in that were not required by your academic program)

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| --- | --- | --- | --- | --- | --- |
| Activity | Date(s) | Participant | Volunteer | Role/offices held/leadership positions | Number of hours volunteered |
|       |       | [ ]  | [ ]  |       |       |
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 **IV. Other past and/or present physical therapy-related activities not identified above:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | Date(s) | Participant | Volunteer | Role/offices held/leadership positions  | Number of hours volunteered |
|       |       | [ ]  | [ ]  |       |       |
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