|  |  |
| --- | --- |
| 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:

**I hereby certify that all information on this application form is true to the best of my knowledge and may be verified by my physical therapy academic program. I understand that this application and all documents submitted become the property of the Illinois Physical Therapy Foundation (IPTF). I also understand that if a scholarship is not awarded to me, the reason for this action will not be disclosed.**

*Signature*

*Date*

Collecting demographic data is part of our commitment to inclusivity and equity in the selection process. IPTF wants to be a place where all students get a fair and equitable chance in the scholarship process. Please best describe how you identify in the responses below and select all that apply from the lists below.

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.

**Racial/Ethnic Background:**

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

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

Asian [ ]  White [ ]

 **Gender Identity: Resident Status:**

Woman [ ]  Man [ ]  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 [ ]

Musculoskeletal Impairment[ ]  Learning Disability [ ]

Traumatic Brain Injury [ ]  Speech Impairment [ ]

Other:

**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.

**Diversity, Equity & Inclusion (DEI) encompasses the symbiotic relationship, philosophy, and culture of acknowledging, embracing, supporting, and accepting those of all racial, sexual, gender, religious and socioeconomic backgrounds, among other differentiators.**

**Diversity:** Acknowledges all the ways people differ: race, sex, gender, age, sexual orientation, disability, socioeconomic status, religious beliefs, and more.

**Inclusion**: Is about diversity in practice. It’s the act of welcoming, supporting, respecting, and valuing all individuals and groups.

**Equity:** Is often used interchangeably with equality, but there’s a core difference: Where equality is a system in which everyone is offered the same opportunities regardless of circumstance, equity distributes resources based on needs. We live in a disproportionate society, and equity tries to correct its imbalance by creating more opportunities for people who have historically had less access.

**As you complete Sections I, II, and III, consider how the activities you have participated in demonstrate your contributions, focus, or efforts to address diversity, equity and inclusion faced by you or others.**

**I. Community Service**

A. Volunteer community service activities, involvement and experiences not required by your academic program that are relevant to diversity, equity and inclusion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

B. Volunteer community service activities, involvement and experiences required by your academic program that are relevant to diversity, equity and inclusion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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) that are relevant to diversity, equity and inclusion:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**II. Non-physical therapy volunteer activities:**

(List any non-physical therapy volunteer activities, involvement or experience you have participated in that were not required by your academic program) that are relevant to diversity, equity and inclusion:

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

 **III. Other past and/or present physical therapy-related activities not identified above** that are relevant to diversity, equity and inclusion:

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