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| Judith Harris & Dr. Monica Vohmann 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: