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| IPTF Student to Student Scholarship  | A picture containing sketch, drawing, linedrawing, illustration  Description automatically generated |
| 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: