

IPTF PT Solutions Future Leaders Scholarship



Application Cover Sheet

Name:
APTA Member Number:
Current Address:
Permanent Address:
Cell Phone:
Email:

Preferred states for employment:

Please indicate preferred mailing address: Current Permanent

Ideal work setting: Inpatient Outpatient No preference

Do you have any interest in the following: Travel opportunities Orthopedic Residency Mentorship

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

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

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 | <input type="checkbox"/> | Hispanic/Latino | <input type="checkbox"/> | Prefer Not to Say | <input type="checkbox"/> |
| Native American/Alaska Native | <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | Other: | |
| Asian | <input type="checkbox"/> | White | | | |

Gender/Identity:

Resident Status:

- | | | | | | | | |
|-------------------|--------------------------|------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|
| Woman | <input type="checkbox"/> | Man | <input type="checkbox"/> | US Citizen | <input type="checkbox"/> | Non-US Citizen | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> | Non-Binary | <input type="checkbox"/> | Legal Permanent Resident | <input type="checkbox"/> | Prefer Not to Say | <input type="checkbox"/> |
| Prefer Not to Say | <input type="checkbox"/> | Other: | | | | | |

Disability:

Languages Spoken:

- | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|
| None | <input type="checkbox"/> | Autism Spectrum Disorder | <input type="checkbox"/> | Primary Language: | |
| Hearing Impairment | <input type="checkbox"/> | Vision Impairment | <input type="checkbox"/> | Additional Languages: | |
| Emotional Disturbance | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> | | |
| Musculoskeletal Impairment | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> | | |
| Traumatic Brain Injury | <input type="checkbox"/> | Speech Impairment | <input type="checkbox"/> | | |
| Other: | | | | | |

Instructions: Please type your information directly into this form. If you need more space than 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.

Prior education (excluding high school)

Institution	Attendance dates	Major field of study	Degree received	Year degree received

List academic honors, awards, or scholarships and any honorary societies to which you have been elected.

Honors, awards, scholarships, societies, etc.	Date(s)

Extracurricular activities

List activities in which you have participated during the **last five (5) years, excluding high school**. Include leadership positions, offices held, and participation on committees. (You may attach additional pages if needed.)

Volunteer activities directly related to healthcare (e.g., working with children with disabilities, fundraising for breast cancer research, etc.)

Activity	Date(s)	Offices held/leadership positions	Number of hours volunteered

Non-healthcare related volunteer activities (e.g., service to community organizations, homeless shelters, etc.)

Activity	Date(s)	Offices held/leadership positions	Number of hours volunteered

School-related volunteer activities

Activity	Date(s)	Offices held/leadership positions	Number of hours volunteered

APTA member activities (e.g., National Student Conclave, chapter and APTA activities, attendance at national meetings, etc.)

Activity	Date(s)	Number of hours volunteered

Evidence of potential contributions to the physical therapy/occupational therapy profession (e.g., publications, presentations, research, etc). Please indicate which activities were required by your program and which activities went above and beyond.

Activity	Required by program? Y/N	Date(s)



If you have not had the opportunity to engage in extracurricular activities, please explain briefly:

Essay Questions

Write a brief statement addressing the following questions:

- A. What professional goals have you established for yourself, and how do you envision PT Solutions helping you to achieve them?
- B. How do you plan to contribute to the physical therapy profession in the next 3 to 5 years?
- C. Explain why you believe your personal values align with PT Solutions' mission, vision, and values: "We provide transformative care to our community through evidence, experience, and exceptional service because everyone deserves the chance to be unstoppable."