

**VIRGINIA PHYSICAL THERAPY ASSOCIATION  
2010 MINORITY SCHOLARSHIP AWARD  
PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT STUDENTS**

**DESCRIPTION OF AWARD:** This is an annual award offered to minority physical therapist students by the Student Relations Committee of the Virginia Physical Therapy Association (VPTA).

**AWARD COMPONENTS:** Monetary amount up to \$1,000, and certificate

**DEADLINE FOR APPLICATION:** All application materials must be received at VPTA Headquarters BY CLOSE OF BUSINESS October 31, 2009.

**TO BE AWARDED:** Monetary award provided following January Board of Director's Meeting in 2010.

**PURPOSE:** To acknowledge and reward demonstrated participation in minority affairs activities & services, the potential for superior achievements in the profession of physical therapy, appropriate display of professionalism as a future physical therapist, and academic excellence.

**REQUIREMENTS FOR APPLICATION:**

1. The applicant must be a U.S. citizen or legal permanent resident and a member of one of the following racial/ethnic minority groups: African-American or Black, Asian, Native Hawaiian or other Pacific Islander, American Indian/Alaska Native, or Hispanic/Latino.
2. In the year this award is to be given (2010), the student must be enrolled in the **final** academic year of an accredited or developing professional physical therapist or physical therapist assistant education program. The student must complete all degree requirements (clinical and didactic) and/or be eligible to graduate **January 1-December 31, 2010**.
3. The student must show evidence of contributions in the areas of minority affairs and services, and high scholastic achievement.
4. The student must possess potential for superior achievements in the profession of physical therapy as well as professional excellence as a physical therapist or physical therapist assistant.
5. The student must be a current member of the APTA and VPTA.

**APPLICATION PROCESS – PLEASE ADHERE TO SPECIFICATIONS ON HOW TO ORGANIZE THE MATERIALS NOTED ON THIS PAGE OR THE APPLICATION WILL BE RETURNED.**

1. You (the student) **must** complete the entire attached application in typewritten (or other computerized) form. **ANY FORMS NOT TYPEWRITTEN OR INCOMPLETE APPLICATION PACKAGES WILL NOT BE REVIEWED. FAXES OR E-MAILS OF APPLICATION MATERIALS WILL NOT BE ACCEPTED.**
2. Write a 500 word personal essay outlining your professional goals and minority service (beyond what is required by your academic program). Your essay must include a response to the two (2) questions listed on page 3 of this application packet. You may add other pertinent information, while maintaining the 500 word limit.
3. You (the student) **must** provide a personal information fact sheet (**please use the attached form**) emphasizing minority/underserved community participation, scholarly achievements, and service activities. **This is in addition to the personal essay.**
4. Please have the attached reference forms completed, **in typewritten or other computerized form**, by your academic program faculty or a physical therapist clinician, and from the program manager/director who can verify your contributions to the minority community (total of 2 references).

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PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT STUDENTS**

*(Please Type Application)*

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Phone (       ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

Expected date of completion of ALL clinical and didactic work in your education program:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Racial/Ethnic Background: (Please Check One)**

African-American or Black \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

**Resident Status: (Please Check One)**

U.S. Citizen \_\_\_\_\_

Legal Permanent Resident \_\_\_\_\_

**TO COMPLETE YOUR PERSONAL ESSAY, PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER NOT TO EXCEED 500 WORDS**

1. Why are your contributions to minority and underserved populations important?
2. How have your activities and contributions impacted the communities you serve?

**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.**

\_\_\_\_\_  
**Student Signature**

**VIRGINIA PHYSICAL THERAPY ASSOCIATION  
2010 MINORITY SCHOLARSHIP AWARD  
PERSONAL INFORMATION FACT SHEET**

**Instructions:** Please type or input your information directly onto this form (or a facsimile of the form that includes all of the specified information). Not all categories may apply to you so leaving spaces blank is perfectly acceptable. You may add rows to any of the tables.

**Name:**

**Professional Education Program (full name of institution) and expected date of graduation:**

**VOLUNTEER COMMUNITY SERVICE OR CLINICAL ACTIVITIES NOT REQUIRED BY YOUR ACADEMIC PROGRAM:**

Name of Organization/Group	Briefly describe the underserved/minority population worked with (if applicable)	Your specific role (leader, coordinator, participant) and brief description of activities performed	Estimated number of hours service	Date(s) of service

**Professional Service Activities:**

(Please list any activities you have been engaged in with the APTA at the State or National level, i.e. attendance at district, state, or national meetings, committee participation, PT month activities, etc.)

**VIRGINIA PHYSICAL THERAPY ASSOCIATION  
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**Reference Form #1**

TO: Physical Therapist Clinician or Academic Program Faculty

RE: Minority Scholarship Award

Please discuss the following attributes concerning the applicant:

1. Clinical performance
2. Critical thinking skills
3. Ability to relate to persons from various cultures
4. Interpersonal skills
5. How well the student demonstrates professionalism

**\*Please make TYPEWRITTEN comments in the space provided on the back of this form or in a separate letter, which may be of any length. (Please include this information form if the letter is separate.)**

**Return this completed form to the applicant. It can be confidential or open. DO NOT SEND SEPARATELY OR THE APPLICANT'S PACKET WILL NOT BE REVIEWED.**

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Over Please)**

**Typewritten Comments:**

**Signature:** \_\_\_\_\_

**VIRGINIA PHYSICAL THERAPY ASSOCIATION  
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**Reference Form #2**

TO: Minority/Community Activities Resource

RE: Minority Scholarship Award

Please discuss the following attributes concerning the applicant:

1. Leadership ability
2. Degree of involvement in minority services/activities
3. Value of contribution
4. Ability to relate to persons of other cultures

**\*Please make TYPEWRITTEN comments in the space provided on the back of this form or in a separate letter, which may be of any length. (Please include this information form if the letter is separate.)**

**Return this completed form to the applicant. It can be confidential or open. DO NOT SEND SEPARATELY OR THE APPLICANT'S PACKET WILL NOT BE REVIEWED.**

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Over Please)**

**Typewritten Comments:**

**Signature:** \_\_\_\_\_