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| Minority Faculty Development Scholarship Award |  |
| Application Form | |

Name:

Current Mailing Address:

City/State/Zip:

Permanent Mailing Address:

City/State/Zip:

Phone:

Email:

APTA member number:

**PROGRAM INFORMATION:**

Institution:

Department:

Area of Study:

Degree Sought:

Initial Program Enrollment Date:

Expected Date of Completion - didactic & thesis:

Name of professional physical therapist education program where you are employed:

Name and title of Program Director:

**Racial/Ethnic Background:** (Select One) **Resident Status:** (Select One)

African-American or Black \_\_ US Citizen \_\_

American Indian/Alaska Native\_\_ Legal Permanent Resident \_\_

Asian\_\_

Hispanic/Latino\_\_

Native Hawaiian or other Pacific Islander \_\_

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.

*Signature:*

*Date:*

(continued on next page

**APTA MINORITY FACULTY DEVELOPMENT SCHOLARSHIP AWARD**

**Personal Essay Instructions**

To complete your personal essay, please respond to the following questions, not to exceed 2 typed, double-spaced pages. You may attach your personal essay as a separate document to this application upon submission.

1. What are your professional goals and how do you plan on accomplishing these goals?

2. After you have completed your plan of study, how do you plan to contribute to the growth and development of the profession of physical therapy?

3. What will be your areas of concentration within the profession?

4. What activities and contributions to minority programs and projects have you completed to date?

**APTA Minority Faculty Development Scholarship Award: Reference Form #1**

To: Physical Therapist Education Program Director

Re: Minority Faculty Development Scholarship Award

Please discuss the following attributes concerning the applicant:

1. Peer relations/interpersonal skills/teaching and research skills

2. Leadership ability/potential

3. Potential to contribute to the profession of physical therapy

4. Ability to relate to persons from different cultures

Applicant Name:

Referral Name:

Title:

Address:

**Comments:**

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*Signature:*

*Date:*

**APTA Minority Faculty Development Scholarship: Reference Form #2**

To: Doctoral Faculty Advisor or Chair of the Dissertation Committee

Re: Minority Faculty Development Scholarship Award

Please discuss the following attributes concerning the applicant:

1. Assess graduate plan of study

2. Qualifications for graduate study

3. Progress toward completion of degree

4. Potential to contribute to the profession of physical therapy through teaching and research

Applicant Name:

Referral Name:

Title:

Address:

**Comments:**

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*Signature:*

*Date:*

**APTA Minority Faculty Development Scholarship: Reference Form #3**

To: Minority Activities Resource

Re: Minority Faculty Development 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

Applicant Name:

Referral Name:

Title:

Address:

**Comments:**

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*Signature:*

*Date:*

**APTA Minority Faculty Development Scholarship: Plan of Study Form**

The applicant has been formally admitted to the/the following doctoral programs:

Status of applicant:

|  |  |  |
| --- | --- | --- |
|  | Date Completed | Date Anticipated |
| Enrolled for 2 full semester or 3 full quarters |  |  |
| Admitted to candidacy |  |  |
| Dissertation proposal approved |  |  |
| Dissertation defended |  |  |

**To be completed by the Faculty Advisor, Chair of the Dissertation Committee, or Director of the Doctoral Program:**

I have reviewed the proposed Plan of Study and find it acceptable for completing this doctoral program.

*Print name & title:*

*Signature:*

*Date:*