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| Mary McMillan Scholarship Award for Physical Therapist & Physical Therapist Assistant Students |  |
| Application Form | |

**Educational Program Level**:

Physical Therapist Education Program

Physical Therapist Assistant Education Program

**Eligibility:**

**Physical Therapist Education Program:** applicant must be *within 12 months of completing all requirements for graduation* from the entry-level program, including entry-level doctor of physical therapy degree (DPT) programs, when the APTA Honors and Awards nominations call opens for a respective year **(i.e. Student must be scheduled to graduate between Sept. 1, 2024, and Aug. 31, 2025.)**

**Physical Therapist Assistant Education Program:** applicant must be enrolled in *the final year of study.* **(i.e. Student must be scheduled to graduate between Sept. 1, 2024, and Aug. 31, 2025.)**

The program must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the APTA.

**Procedures:**

1. Complete the application form and compile all required supplementary materials and submit it electronically. If you need more space than what is provided in the tables below, note this within the table and complete the section’s questions on a separate sheet of paper.

2. Upload the following documents via <http://mc.manuscriptcentral.com/aptaawards>:

a. Completed student application form

b. Verification of enrollment form, signed by program director (electronic signature is acceptable)

c. Student essay as described in the application form

d. 2 letters in support of the nomination, one from a representative of the student body and one from a representative of the faculty, that specifically focuses on a nominee's worthiness for this award, not to exceed 2 pages each

3. Your nomination package must be submitted on or before the nomination call closes on December 1 of the respective Honors & Awards program cycle.

**I. Personal Data**

Name:

APTA Member Number:

Current Address:

Permanent Address:

Home or Cell Phone:

E-mail:

Please indicate preferred mailing address:  Current  Permanent

**II. Education**

1. Name of institution where you have enrolled for the final year of your physical therapy education:

- Beginning date of entry-level education for physical therapist professional education program or beginning date of final year of study for physical therapist assistant program:

- Expected graduation date:

- GPA:

B. Prior education (excluding high school)

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| --- | --- | --- | --- | --- |
| Institution | Attendance dates | Major/Field of study | Degree received | Year degree received |
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C. List academic honors, awards, or scholarships and any honorary societies to which you have been elected.

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| Academic honors, awards, scholarships, societies, etc. | Date(s) |
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**III. Extracurricular activities**

List activities in which you have participated during the **last 5 years, excluding high school**. Include leadership positions, offices held, and participation on committees.

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

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| Activity | Dates | Participant | Volunteer | Offices held/ leadership positions | Number of hours volunteered |
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B. Non-health care related volunteer activities (e.g., service to community organizations, homeless shelters, etc)

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| Activity | Dates | Participant | Volunteer | Offices held/ leadership positions | Number of hours volunteered |
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C. School-related volunteer activities

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| Activity | Dates | Participant | Volunteer | Offices held/ leadership positions | Number of hours volunteered |
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**III D. APTA member activities**

A. Meetings attended (e.g., NEXT, Combined Sections Meeting, National Student Conclave)

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| Activity | Dates | Participant | Volunteer | Number of hours volunteered |
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B. Component level (e.g., chapter, sections, district, assembly participation, etc)

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| Activity | Date(s) | Participant | Volunteer | Number of hours volunteered |
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C. National level (e.g., Student Assembly Board of Directors, Student Assembly Project Committees, etc)

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| Activity | Date(s) | Participant | Volunteer | Number of hours volunteered |
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D. Other

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| Activity | Date(s) | Participant | Volunteer | Number of hours volunteered |
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**III E. Evidence of potential contributions to the physical therapy profession.** Please indicate which activities were required by your program and which activities went above and beyond.

A. Publications

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| Activities/List in reference format | Describe your role in the activity | Required by program? | Date(s) |
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B. Presentations

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| Activities/List in reference format | Describe your role in the activity | Required by program? | Date(s) |
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C. Research

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| Activities/List in reference format | Describe your role in the activity | Required by program? | Date(s) |
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D. Other

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| Activities/List in reference format | Describe your role in the activity | Required by program? | Date(s) |
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If you have not had the opportunity to engage in extracurricular activities, please explain briefly:

**IV. Employment experience**

A. List employment experience while enrolled in your physical therapy education program:

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| Title | Location & type of work | Dates employed | Average hours/week |
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B. List employment experience prior to enrollment in your physical therapy education program that you feel is relevant:

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| Title | Location & type of work | Dates employed | Average hours/week |
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**V. Student essay**

Write a brief statement no more than two typed, double-spaced pages addressing the following:

A. What goals have you established for yourself, and how do you plan to contribute to the physical therapy profession in the next three to five years.

B. How has your education and experiences prepared you for a career in physical therapy.

**VI. Agreement**

I understand that this application and all documents submitted become the property of the American Physical Therapy Association (APTA). I also understand that if a scholarship is not awarded to me, the reason for this action will not be disclosed.

*Signature of applicant (electronic signature is acceptable)*

*Date of application*