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| Dimensions of Diversity Scholarship Award for Student Physical Therapist and Student Physical Therapist Assistants |  |
| Application Form |

Name:

APTA Member Number:

Current Address:

Permanent Address:

Home or Cell Phone:

Email:

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:

GPA:

**Eligibility Requirements:**

First Generation College Student [ ]

Member of underrepresented/marginalized Group [ ]

Overcome personal, social, and/or physical obstacles pursuing an education and/or be from a living environment or academic setting that may have hindered educational pursuits [ ]

Demonstrated commitment to diversity and inclusion and/or leadership in working with underrepresented groups through employment, community service, or other involvement [ ]

US Citizen or Legal Permanent Resident [ ]

**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)

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

**I. Honors & Awards**

A. List academic honors, awards, scholarships, and any honorary societies to which you have been elected (excluding high school and within the last 5 years).

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| Academic honors, awards, scholarships, societies, etc. | Leadership position (if applicable) | Dates | Reason (if unclear) |
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B. List nonacademic honors, awards, scholarships, and any honorary societies to which you have been elected (excluding high school and within the last 5 years).

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| Nonacademic honors, awards, scholarships, societies, etc. | Leadership position (if applicable) | Dates | Reason (if unclear) |
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**II. Community Service**

A. Volunteer community service activities not required by your academic program:

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| Organization/Group | Underserved/minority population worked with (if applicable) | Your specific role (leader, coordinator, participant) and brief description of activities performed | Estimated number of service hours  | Dates of service |
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B. Volunteer community service activities required by your academic program:

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| --- | --- | --- | --- | --- |
| Organization/Group | Underserved/minority population worked with (if applicable) | Your specific role (leader, coordinator, participant) and brief description of activities performed | Estimated number of service hours  | Dates of service |
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C. Professional service activities:

(List APTA activities you have been engaged with at the state or national level, e.g., attendance at district, state, or national meetings; committee participation; PT month activities.)

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| Level served (national, state, district, etc) | Activity | Dates | Your specific role (leader, coordinator, participant) and brief description of activities performed | Number of hours attended  | Number of hours volunteered |
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D. Other service activities (e.g., within the university):

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| Activity | Dates | Your specific role (leader, coordinator, participant) and brief description of activities performed | Number of hours attended  | Number of hours volunteered |
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**III. Presentations/publications:**

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| Presentations/Publications (List in reference format if applicable) | Describe your role in the activity | Required by program? | Date |
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**IV. Non-physical therapy volunteer activities:**

(List any non-physical therapy volunteer activities you have participated in that were not required by your academic program)

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| Activity | Date(s) | Participant | Volunteer | Role/offices held/leadership positions | Number of hours volunteered |
|       |       | [ ]  | [ ]  |       |       |
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**V. Other past and/or present physical therapy-related activities not identified above:**

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| --- | --- | --- | --- | --- | --- |
| Activity | Date(s) | Participant | Volunteer | Role/offices held/leadership positions  | Number of hours volunteered |
|       |       | [ ]  | [ ]  |       |       |
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