



# Georgia Foundation for Physical Therapy (GFPT) Scholarship Application

## Materials for Submission & Directions

1. PDF or Word document of completed application form.
2. PDF of transcript indicating cumulative GPA, and PT-specific GPA.
3. PDF or Word document of nominee statement:
  - a. Two page limit, 12 point font, one-inch margins.
  - b. Nominee statement should provide a clear, concise statement, discussing evidence of a leadership role in addressing current issues in physical therapy, participation in state and national APTA activities, how their education and experiences have prepared them for a career in physical therapy and how they plan to contribute to the profession in the next three to five years.

Send all materials to [info@ptagonline.org](mailto:info@ptagonline.org).

## I. Personal Data

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Type of Program You are Attending: \_\_\_ PT \_\_\_ PTA APTA Membership #: \_\_\_\_\_

## II. Education

Name of institution in which you are enrolled for physical therapy education:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List activities you have participated in professional, service, community organizations. Identify APTA member activities. Include offices held and participation on committees.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Verification of Credit Hours**

Total number of credits required for your PT or PTA education: \_\_\_\_\_

**Number** of credits **completed** by time of anticipated date of award receipt: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ PT/PTA GPA: \_\_\_\_\_

I verify that the nominee is enrolled full-time in a physical therapist assistant or physical therapy educational program and that the nominee will have completed 1 year of the credit hours required for graduation and/or the degree awarded by this department by the time of the receipt of this scholarship.

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

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

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

Signature (Original in Blue Ink): \_\_\_\_\_

Date: \_\_\_\_\_

**IV. Nominee Statement**

Provide a clear, concise statement, limited to two pages using size 12 font, (one inch margins) discussing evidence of your leadership role in addressing current issues in physical therapy, participation in state and national APTA activities, how your education and experiences have prepared you for a career in physical therapy, and how you plan to contribute to the profession in the next three to five years.