



APPLICANT INFORMATION  
Adopt-a-Doc Scholarship

*Please type or print clearly*

APTA membership number and dates of Education Section membership: \_\_\_\_\_  
\_\_\_\_\_

Name (Last, First, and MI): \_\_\_\_\_

Preferred Mailing Address (street address; city, state, and ZIP):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number(s) (including area code): \_\_\_\_\_

Fax Number(s): \_\_\_\_\_

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

Name of University/College/Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address of University/College (street address; city, state, ZIP): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated date of completion of doctoral education \_\_\_\_\_  
\_\_\_\_\_

Description of doctoral program \_\_\_\_\_  
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Description of teaching experience (didactic, clinical, continuing education)

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Career goals related to PT or PTA education \_\_\_\_\_

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Please attach:

- A. 1-page itemized budget request. Allowable award expenditures include tuition, equipment, supplies, printing, fees, software, statistical consultation, subject honoraria, travel related to research. Note the amount and sources of other funding received during the course of doctoral study. Personal expenses and association dues are not eligible for funding.
- B. Curriculum vitae
- C. Verification of doctoral candidacy status
- D. Abstract of approved doctoral dissertation proposal (additional documentation of approval is needed if the committee signature is not included on the abstract).
- E. Letters of recommendation from dissertation advisor and from PT or PTA program director at the program with which the applicant has been associated.

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