

# Wisconsin Physical Therapy Fund

One purpose of the Wisconsin Physical Therapy Fund is to provide financial assistance to physical therapist or physical therapist assistant students in their last year of professional education in the state of Wisconsin. The fund's goals are not only to assist students in financial need but also to reward students who demonstrate well-rounded personal attributes and who make contributions to the community and/or to the development of the physical therapy profession. Assistance is provided in the form of a scholarship. Amounts are determined by the Fund Trustees in the Spring of each year.

Applications are available from your school's program director, on line at [www.wpta.org](http://www.wpta.org) or by contacting the WPTA office at 608-221-9191.

## The applicant must:

- ◆ Be a citizen of the United States
- ◆ Be a student in good standing at an accredited college, university, or technical college accredited by CAPTE
- ◆ Be a member of the APTA/WPTA
- ◆ Be expected to graduate from an accredited PT/PTA program within the year following receipt of an award (ie. Award in May 10 – graduating between 12/10 and 12/11)
- ◆ Submit completed application to WPTA by March 4<sup>th</sup>.
- ◆ Submit one personal **and** one professional/technical letter of reference by March 4<sup>th</sup>.

The trustees will make the selection based on the following criteria:

- ◆ Financial need of the applicant
- ◆ Scholastic standing of the applicant
- ◆ Contributions to the community and the PT profession
- ◆ Assessment of the two letters of recommendation

## Dates and Deadlines:

1. Applications and letters of recommendation are due **March 4<sup>th</sup>**.
2. Send to: **Wisconsin Physical Therapy Fund**  
c/o WPTA  
3510 E. Washington Avenue  
Madison, Wisconsin 53704

**Or Email:** [wpta@wpta.org](mailto:wpta@wpta.org)

3. Applicants will be notified by mid-May whether they will receive an award.
4. Checks will be sent in late July or early August

# Wisconsin Physical Therapy Fund Scholarship Application

Applicants must fill out the application below or supply the same information requested in this application in approximately the same format.

Do not send your resume as a substitute for the application process.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: at school \_\_\_\_\_

Phone: at school (     ) \_\_\_\_\_

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

Phone: other (     ) \_\_\_\_\_

Anticipated date of graduation:

Apply only if you will be in your last year of PT(A) school within the year following receipt of an award.

List post high school educational institutions you have attended, starting with your present school:

School	Credit Hours/Degree Received	Dates enrolled

Current Cumulative GPA:

Other Post HS Education (Please explain, e.g. Continuing education, certifications, etc.):

Verification of Requirements:

Student member of the APTA/WPTA? Yes \_\_\_ No \_\_\_ APTA Number \_\_\_\_\_

Citizen of United States? Yes \_\_\_ No \_\_\_

List all employment held during the past 4 years:

Employer	Nature of Work	From/To	Hours per Week

If married, Spouse's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly income: \$ \_\_\_\_\_

Number of applicant's dependent children: \_\_\_\_\_ Ages: \_\_\_\_\_

Family Monetary Support (school and living expenses):  
This Year \_\_\_\_\_ Next Year \_\_\_\_\_

List Financial Aid previously received:

Scholarships Amount Received Undergraduate \_\_\_\_\_  
Amount Received Graduate \_\_\_\_\_

Grants Amount Received Undergraduate \_\_\_\_\_  
Amount Receive Graduate \_\_\_\_\_

Loans  
Total Current Debt \_\_\_\_\_  
Amount subsidized \_\_\_\_\_  
Amount unsubsidized \_\_\_\_\_ Current Interest Payment \_\_\_\_\_

Available income to meet expenses:

	This Year (Actual)	Next Year (Estimated)
Personal Funds (savings, etc.)		
Earnings while in school		
Scholarships/Grants		
Loans		
Other Income		

Please add pertinent information or special circumstances that you would like us to consider when reviewing this application:

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## Wisconsin Physical Therapy Fund Request for Letter of Reference

\_\_\_\_\_ has applied for a scholarship or student loan from the Wisconsin Physical Therapy Fund. The student is required to submit 2 distinct references: One Personal and One Professional.

This request is for a \_\_\_**Professional** or \_\_\_**Personal** reference.

This is an important part of the application process as it offers the trustees more insight about the applicant. Your reference is considered a key resource in evaluating the candidate. Please assess the following attributes: **honesty, responsibility, reliability, judgement, professional commitment, work ethic, maturity and leadership**. Return the letter of reference to the applicant (or to the WPTA at the address below) in a timely manner. The student will submit your letter along with the completed application package to the WPT Fund. The deadline for completed applications is March 4<sup>th</sup>. The trustees thank you for your time and valuable input.

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Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Wisconsin Physical Therapy Fund  
c/o WPTA  
3510 E. Washington Avenue  
Madison, Wisconsin 53704  
Email [wpta@wpta.org](mailto:wpta@wpta.org)