Wisconsin Physical Therapy Fund

One purpose of the Wisconsin Physical Therapy Fund is to provide financial assistance to physical therapist students 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 the program directors of PT and PTA programs in Wisconsin, on line at [www.wpta.org](http://www.wpta.org) or by contacting the WPTA office at 608-221-9191 or by email at wpta@wpta.org.

The applicant must:

- Demonstrate financial need
- Be a student in good standing at an accredited college, university or technical college accredited by CAPTE
- Be a member of APTA/WPTA
- SPTs must be expected to graduate from an accredited Wisconsin PT program within the year following receipt of an award (i.e. Year applications are due; Awards distributed that summer; Graduating between December of that year and December of the following year)
- SPTAs may apply once anytime during the 2 years that they are attending an accredited Wisconsin PTA program
- Submit a completed application to WPTA by March 4th
- Submit two letters of recommendation by March 4th Your application will not be considered if we do not have 2 letters or recommendation by March 4th.

Note that in addition to the scholarships offered exclusively by the WPT Fund, you may choose to be considered for a scholarship funded by Team Rehab, a network of therapist-owned outpatient physical therapy clinics. Neither the WPTA nor the WPT Fund is associated with Team Rehab other than by administering these donor-directed scholarships.

Types of Scholarships:

- All applicants are automatically considered for a Wisconsin Physical Therapy Scholars Award which are awarded on the basis of financial need.
- Students may choose to be considered for EITHER the Chris Crivello Community Service Award OR the Tracy Rasor Sports Medicine Scholarship (both of which also consider financial need in addition to accomplishments).
- Students may choose to be considered for a Team Rehab Scholarship. There is up to one Team Rehab Scholarship awarded per accredited PT program in the state, if there are at least 2 applicants to consider per school. There is up to one Team Rehab Scholarship awarded for a PTA student if there are at least 2 applicants to consider in total from all of the accredited PTA programs in the state combined. By agreeing to be considered for a Team Rehab Scholarship, the applicant is agreeing to have their application shared with Team Rehab.
- A student may only receive one scholarship (WPT Scholars, Team Rehab, Chris Crivello, or Tracy Rasor) though they may be considered for up to 3 (WPT Scholars, Team Rehab and either Chris Crivello or Tracy Rasor).
Letters of Recommendation:

If you wish to be considered for a Team Rehab Scholarship, your letters should at a minimum address the following:

1. How does the student demonstrate the desire to excel and practice in the clinical environment?
2. How does the student contribute to patient satisfaction during clinical education?
3. Describe the student’s ability to be a team player in the clinical environment.
4. What has the student done to advance their practical knowledge of PT outside of their required course curriculum?

If you do not wish to be considered for a Team Rehab Scholarship, you must still submit 2 letters of recommendation.

Dates and Deadlines:

1. Applications and letters of recommendation are due March 4th
2. Send to: Wisconsin Physical Therapy Fund
c/o WPTA
   3510 E. Washington Avenue
   Madison, WI 53704
3. Applicants will be notified prior to the WPTA Spring Conference
4. Checks will be sent in late July or early August
Wisconsin Physical Therapy Fund Scholarship Application

Applicants must fill out the application below.
Do not send your resume as a substitute for the application process.

Name: __________________________________________________

Address: (Indicate address to which you would like award letter and scholarship disbursement sent.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Phone 1: _______________              Phone 2: _______________

Email: _____________________________________________________________

Verification of Requirements:
APTA/WPTA Member Number: _______________

Anticipated date of graduation: _______________

GPA ______

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

<table>
<thead>
<tr>
<th>School</th>
<th>Degree Received or Anticipated</th>
<th>Dates enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Post High School Education – please explain: (ie: continuing education, certifications, etc.)


Number of applicant’s dependent children:        Ages:

List work related activity that you have had to help defray your cost of education (post high school).

<table>
<thead>
<tr>
<th>Employer/Job Title</th>
<th>Differentiate summer vs. during school</th>
<th>Hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Current Debt Related to Education: ____________________________

Anticipated Debt by Graduation: ____________________________

Available Income to Meet Expenses:

<table>
<thead>
<tr>
<th></th>
<th>This School Year (Actual)</th>
<th>Next School Year (Estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Monetary Support (include assistance from parents, spouse, partner, significant other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income (explain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for above 2 items (Total Non-Loan Support)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you wish to be considered for a Team Rehab Scholarship? _____ Yes    _____ No

By checking “yes” you are agreeing to have this application shared with Team Rehab, a network of therapist-owned outpatient physical therapy clinics.
Supplementals:

1) Please add pertinent information or special circumstances that you would like us to consider when reviewing this application. The more information you can give us about your financial situation, the better we are able to make our determination. (Limit 1 page, double spaced, 12 point font)

2) The Chris Crivello Community Service Award honors a student who demonstrates a commitment to the community and to the practice of physical therapy. If you wish to be considered for this award, describe your extracurricular and volunteer activities that demonstrate your commitment in these areas. Do NOT list volunteerism required for entry into your program or required as a part of a course. Do NOT list any activities for which you received wages or a stipend. (Limit 1 page, double spaced, 12 point font)

3) The Tracy Rasor Sports Medicine Scholarship honors a student who demonstrates an interest in Sports Medicine Physical Therapy. Describe your academic and extracurricular activities that demonstrate your interest in this area. (Limit 1 page, double spaced, 12 point font)

Signature of Applicant: ______________________________________________________