Hospital for Special Care Foundation
We Rebuild Lives.

THE FLORENCE TIMURA PHYSICAL THERAPY SCHOLARSHIP APPLICATION – 2019

Last 4 digits of Social Security # __ __ __ __

GENERAL INFORMATION

Hospital for Special Care (HSC) welcomes scholarship applications for **2019** from students pursuing initial degrees in Physical Therapy. This scholarship is funded through a private donor and will be awarded to an ***applicant who is within 24 months of completing all requirements for graduation from an entry-level program, including entry-level doctor of physical therapy (DPT) program.***

Students pursing a Physical Therapy Assistant (PTA) program are not eligible to apply for this scholarship.

Applications for the scholarship must be **postmarked by April 5, 2019**. Applications postmarked after this date will not be considered. This application becomes complete and valid ONLY when applicants have returned all documentation indicated on the checklist.

ELIGIBILITY REQUIREMENTS - $6,000 will be awarded to one student who meets the following criteria – Applicant

- Must be a US citizen who has resided in Connecticut for at least ten (10) years prior to date scholarship established (September 2015).
- Must demonstrate financial need.
- Must maintain a minimum of a **3.00** grade-point average on a 4.0 scale.
- Must be enrolled in a Connecticut college/university (University of Connecticut, University of Hartford, Sacred Heart University, or Quinnipiac University).
- The program must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE)
- The applicant's name must appear ***only*** on the first page of the application. To ensure a fair evaluation process, members of the selection committee will **NOT** know the identity of the person submitting the application.

NOTIFICATION AND AWARDS

The recipients will be notified in June and the awards will be sent directly to the schools by September.

SUBMIT ALL MATERIALS TO:

Hospital for Special Care Foundation, Inc.
Attn. Kathleen Altieri, Administration
2150 Corbin Avenue, New Britain, CT 06053

Applications MUST be postmarked by April 5, 2019

For more information, please call 860.832.6257.

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APPLICANT INFORMATION

This is the ONLY area of the application where your identifying information will appear. Please use only the last ***four digits of your social security number as identifier*** on all subsequent pages and attachments. Any reference to your name or any relationship to the Hospital for Special Care Foundation, Inc. or the Center of Special Care, Inc. on subsequent pages will **disqualify** your application.

Name (first):_____ (middle):_____ (last): _____
Address (street): _____
City: _____ State:_____ Zip: _____

Telephone: _____ Date of Birth: _____

CHECKLIST

Before you return your application package, please verify that you have enclosed the following information.
Any incomplete applications will be disqualified.

❒Applicant information, page 2

❒Academic profile, page 3

❒Academic history/honor, page 4

❒Employment/activities/community services, page 5

❒Two recommendation forms (each form must be sealed in an envelope and signed across back), pages 6 and 7

❒Personal statement (no more than 300 typed words, may use regular white paper), page 8

❒Proof of financial need page 9

Attachments

❒Proof of Connecticut residency/citizenship; submit one of the following: birth certificate, drivers' license, passport, voter registration

❒Transcript(s) - attach copy

Other

❒Have not received a scholarship from this organization in the past

❒Email address: _____

CERTIFICATION SECTION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application and attached materials become the property of Hospital for Special Care Foundation, Inc.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:_____ Date:_____
Required *if you are claimed as a dependent on tax forms, even if you are over 18.*

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ACADEMIC PROFILE

Instructions: This section must be completed and signed by an official of your school.

The GPA must be reported as its equivalent on a 4.0 scale and certified by a school official. Failure to report grade-point **average on a 4.0 scale may disqualify this application. If the school does not use GPA please provide similar information:**

Cumulative grade-point average: _____/ 4.0 scale Class rank if applicable: _____ of _____

School Official's Signature: _____ Date: _____

School Official's Title: _____ Telephone: _____

School:_____

Address: _____
Street City State Zip

Important: Enclose academic transcript from your high school, post-secondary programs, or vocational/technical schools attended.

COLLEGE/PROGRAM INFORMATION

School:_____ City: _____ State: _____

Status for the September **2019-2020** academic year: ❑ Full-Time ❑ Part-Time

Class you will be entering in September: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

❑ Other/Explain: _____

Expected date of graduation: _____

ACADEMIC HISTORY

Beginning with high school, please list all schools you have attended:

SCHOOL	CITY/STATE	MAJOR/SUBJECT	GRADUATION DATE (mm/yy)

ACADEMIC HONORS

List academic honors you have received during the past four years. Limit to the ten most recent.

ACADEMIC HONORS	DATE RECEIVED

EMPLOYMENT HISTORY, EXTRACURRICULAR ACTIVITIES, AWARDS, OTHER

Employment (Limit to 5; please start with most recent):
Indicate any full-time or part-time position held. Note if this was summer employment

DATES EMPLOYED EMPLOYER TITLE HRS./WK.

Publications (Limit to 5; please start with most recent):

Research Projects (Limit to 5; please start with most recent):

Community Service - List volunteer work or community service activities without pay - (Limit to 5; please start with most recent):
ORGANIZATION ACTIVITY/EVENT YEAR(S) PARTICIPATED TOTAL HOURS VOLUNTEERED

Awards/Other (Limit to 5; please start with most recent):

Applicant signature Date

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RECOMMENDATION FORM – 1: May attach letter to this form

- To be completed by an advisor, counselor, instructor, or work supervisor.
- Recommendation forms from two separate individuals must be submitted.

Instructions for advocate/sponsor:

DO NOT include any information that would allow the selection committee to identify the applicant. Any reference to the applicant's name, parent/guardian's name, employer, or any association with the Hospital for Special Care Foundation, Inc. or the Center of Special Care, Inc. within the content of the evaluation will disqualify the application.

Please enclose the completed form in an envelope, sign your name across the seal, and return to the student.
Please do not mail this form directly to Hospital for Special Care; it must arrive with the application package to the Hospital for Special Care Foundation, Inc.

	EXCELLENT	GOOD	FAIR	POOR
The applicant's self-motivation				
The applicant's commitment to school and/or community				
The applicant's ability to seek, find and use learning resources				
The applicant's curiosity and initiative				
The applicant's problem-solving abilities				
The applicant's respect for self and others				

Please write a short evaluation of this student. Please use **black ink**, thank you.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Advocate/Sponsor's Name: _____ Title: _____

Signature: _____Telephone: _____

Business Address: _____

Street City State Zip

Last 4 digits of Social Security # __ __ __ __

RECOMMENDATION FORM - 2: May attach letter to this form

- To be completed by an advisor, counselor, instructor, or work supervisor.
- Recommendation forms from two separate individuals must be submitted.

Instructions for advocate/sponsor:

DO NOT include any information that would allow the selection committee to identify the applicant. Any reference to the applicant's name, parent/guardian's name, employer, or any association with the Hospital for Special Care Foundation, Inc. or the Center of Special Care, Inc. within the content of the evaluation will disqualify the application.

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The applicant's ability to seek, find and use learning resources				
The applicant's curiosity and initiative				
The applicant's problem-solving abilities				
The applicant's respect for self and others				

Please write a short evaluation of this student. Please use **black ink**, thank you.

Advocate/Sponsor's Name: _____ Title: _____

Signature: _____ Telephone: _____

Business Address: _____
Street City State Zip

PERSONAL STATEMENT

Instructions:

Essay must be limited to **300 words,** typed and double-spaced, and attached to this form.

Explain your long-range goals (for school, employment, and life as you would like), and describe what experiences, skills and personal values will help you achieve those goals.

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PROOF OF FINANCIAL NEED AND OTHER PERSONAL CIRCUMSTANCES

To be completed by financial aid officer:

PT School: _____ Year to graduate: _____

Marital Status: _____ Number of dependents: _____

Spouse/Partner occupation: _____ Number of siblings in college/graduate school: _____

Parent(s) occupation(s): _____

Was student listed as an "exemption" on parent's income tax return last year? ___YES ____NO

PROJECTED 2019-2020 BUDGET:

Expenses	**Applicant**	**Spouse/Partner (if applicable)**
Tuition		
Living expense		

Living expense include books, educational supplies, rent/housing, food, clothing, transportation/car, medical/dental insurance and miscellaneous costs.

Income	**Applicant**	**Spouse/Partner (if applicable)**
Earned		
Gifts and/or grants		

Debt	**Applicant**	**Spouse/Partner (if applicable)**
Current pre-PT Program debt		
Current PT Program school debt		

Total debt to date		
Projected debt at graduation		

Please describe how the applicant's spouse/partner, parent(s), and/or family members are assisting with expenses:

_____

_____

_____

Explain below any unusual financial circumstances in your household (may attach a page if space below is insufficient):

_____

_____

_____

_____

Signature of applicant/date: _____

Name of financial aid officer (Please print): _____

Signature of financial aid officer/date: _____