

Hybrid Physical Therapy Changing Lives Scholarship Criteria

Amount: Up to \$1,000 will be given annually. This amount could go to a single student or could be split amongst multiple students.

Eligibility: Students who are:

- Currently enrolled in the Tampa DPT program
- Good academic standing
- From a disadvantaged background considering the following factors:
 - A. Consideration will be given to students from low-income families.
 - B. Consideration will be given for students who are single-parents.
 - C. Consideration will be given from families in which few or no members have attended college.

Diversity: It is the intent of the PT Changing Lives Scholarship to foster diversity, equity, and inclusion within the Professional Physical Therapy Department and College. As such, the awarding of this scholarship is to aid in the creation of an intellectual environment by through equal and equitable opportunities that reflects that diversity.

Hybrid Physical Therapy Changing Lives Scholarship Application

Personal Information:

Applicant Name: _____

Current Address: _____

City: State: Zip Code: _____

Mobile Phone: Email: _____

NSU Student ID# N _____

Year of Entry into PT Program: _____

Academic Information:

Current NSU Cumulative GPA (if applicable): ____

- a. **Letter of Recommendation:** The letter of recommendation should NOT come from an NSU DPT faculty member, but rather should be from an individual, agency or community group, supporting the attributes possessed by the applicant or activities which the applicant engaged that are commensurate with the purpose of the scholarship.
- Please provide the name(s) of those individual who will be forwarding letters of recommendation or support. **Letter of recommendation should be sent directly to the Awards and Scholarship Committee (jmoulton@nova.edu).**
- b. **Essay:** Applicant must provide an essay of 500 words or less. Essay should address ways in which the student qualifies for the scholarship, highlighting financial need, leadership and/or service to the profession or the community. The applicant should describe how he/she would use the funds to contribute to his/her professional development and the profession.

Applicant Certification:

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I hereby grant permission to the Scholarship Committee to contact my references and to use my name and photograph in promotional materials in the event that I am selected to receive a scholarship award.

Signature of Applicant: _____

Date: _____