

GENERAL INFORMATION

Hospital for Special Care (HFSC) welcomes scholarship applications for **2020** 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 pursuing a Physical Therapy Assistant (PTA) program are not eligible to apply for this scholarship.

Applications for the scholarship must be **postmarked by April 3, 2020**. 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:

- 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.
- 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 3, 2020

For more information, please call 860.832.6257.

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.

ACADEMIC HISTORY

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

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

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

ACADEMIC HONORS	DATE RECEIVED
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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 _____

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.

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 2020-2021 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: _____