

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 an identifier** on all subsequent pages and attachments.

Name (First):	(Middle):	(Last):
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Street Address:

City:	State:	Zip:
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Email:	Preferred Phone:	Alt. Phone:
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Date of Birth:	US Citizen: Yes No	
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Check all that apply (only one required for eligibility):

I am a student from Connecticut.

I attend one of the physical therapy schools in Connecticut: University of Connecticut (UCONN), University of Hartford, Quinnipiac University, or Sacred Heart University.

CHECKLIST:

Before you return your application package, please verify that you have enclosed the following documentation. Incomplete applications will be disqualified and will not be reviewed.

Check each box to verify completion:

Completed Application (please complete all sections on pages 2-9)

Please include the following:

A personal statement essay describing career goals and future aspirations. Limit to 300 words.

Please use page 9 provided or regular white paper, double-spaced with one inch margins.

Academic transcript(s) – copy/unofficial transcripts/score is acceptable

Two letters of recommendation (must be sealed in an envelope and signed across sealed flap)

CERTIFICATION:

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 submit proof of information I have provided 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.

STUDENT FINANCIAL STATEMENT (To be completed by financial aid officer):

Name of student: _____

Physical Therapy School: _____

Year to graduate: _____

Marital Status: _____

Number of dependents: _____

Spouse/Partner occupation: _____

Number of siblings in college/grad school: _____

Parent(s) occupation(s): _____

Was student listed as an "exemption" on parent's income tax return last year? Yes No

PROJECTED 2022-2023 BUDGET:

Expenses	Applicant	Spouse/Partner
Tuition		
Living expenses		

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

Income	Applicant	Spouse/Partner
Earned		
Gifts and/or grants		

Debt	Applicant	Spouse/Partner
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. (You may attach a page if space below is insufficient):

Applicant's Signature: _____ Date: _____

Name of financial aid officer (Please print): _____

Signature of financial aid officer: _____ Date: _____

RECOMMENDATION FORM (2): *May attach a 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 or email directly to jody.axt.hfsc.org from institutional email address. Emailed recommendations sent or forwarded by the student will not be accepted. 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 provide a brief written evaluation of this student's academic performance and any relevant information about the student's contributions to the school or larger community:

Advocate/Sponsor's Name: _____

Title: _____

Signature: _____

Telephone: _____

 Business Address: _____
Street
City
State
Zip



PERSONAL STATEMENT: Please describe your career goals and future aspirations as well as any experiences, skills or personal values that will help you achieve your goals (limit 300 words):