Hospital for Special Care Foundation

FLORENCE TIMURA PHYSICAL THERAPY SCHOLARSHIP APPLICATION - 2024

Last 4 digits of Social Security # _____

GENERAL INFORMATION:	
Hospital for Special Care (HFSC) welcomes students pursuing degrees in Physical Therapy to apply for the **Florence Timura 2024 Physical Therapy Scholarship**. This scholarship honors the memory of Florence Timura and is made possible through an established charitable fund. The scholarship will be awarded to an applicant who is within 24 months of completing all requirements for graduation from an entry level program, including a doctor of physical therapy (DPT) program, and meeting the eligibility criteria below.	
SCHOLARSHIP AMOUNT:	▪ One scholarship in the amount of **$6,000** will be awarded

ELIGIBILITY REQUIREMENTS:

This scholarship is open to:

- Students from Connecticut (i.e. completed secondary or undergraduate education in Connecticut; students whose permanent residence is in Connecticut); **OR**
- Students attending one of the following schools in Connecticut: University of Connecticut (UCONN), University of Hartford, Quinnipiac University or Sacred Heart University.

ADDITIONAL ELIGIBILITY REQUIREMENTS:

- Must demonstrate financial need.
- Must be a US citizen.
- Must maintain a minimum of a 3.0 grade point average on a 4.0 scale
- Must be enrolled in an academic program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

APPLICATION SUBMISSION INSTRUCTIONS AND DUE DATE:

Applications for the scholarship must be **postmarked by April 15, 2024**. 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 **on page 2.**

Please **type** the information requested. All responses must be completed on this form. Use only the space provided for your answers. Please DO NOT submit a CV or additional pages.

SUBMIT ALL MATERIALS TO:	**Hospital for Special Care Foundation, Inc.** **Attn. Gianna Gordon** **2150 Corbin Avenue, New Britain, CT 06053**
NOTIFICATION AND AWARD:	The recipient will be notified in May, and the award will be sent directly to the school by September.

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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 an identifier*** on all subsequent pages and attachments.

Name (First):	**(Middle):**	**(Last):**
Street Address:		
City:	**State:**	**Zip:**
Email:	**Preferred Phone:**	**Alt. Phone:**
Date of Birth:	**US Citizen:** ☐ Yes ☐ No	

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.

ACADEMIC PROFILE/HISTORY

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 Signature: _____ **Date: _____**

School Official 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/ UNIVERSITY CURRENTLY ATTENDING: 2023-2024

School:_____ City: _____ State: _____

Class you will be entering in September 2021: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Other (please explain):

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 received in the past four years. Limit to the ten most recent.

NAME:	DATE RECEIVED:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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):

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 2023-2024 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 (1): *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 ggordon@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

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.

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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):