

GENERAL INFORMATION:

Hospital for Special Care (HFSC) welcomes students pursuing degrees in Physical Therapy to apply for the **Florence Timura 2026 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 July 1, 2026** 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 August, and the award will be sent directly to the school by September.

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.

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 2026-2027 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: _____



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):