**PTA ADVANCED PROFICIENCY PATHWAY**

**SCHOLARSHIP APPLICATION**

**DEADLINE: July 1**

The Indiana Chapter, APTA is pleased to award two scholarships for PTA members who plan to pursue their Advanced Proficiency. Each scholarship will total $270, with $135 awarded initially upon acceptance and then the remaining $135 awarded after successful completion.  Recipients have one year to complete the program to receive the final funds.

AWARD CRITERIA:

* It is required that applicants are INAPTA members throughout the duration of the process to obtain all scholarship funds.
* Awardees will be selected on the basis of:
  + Proof of IN licensure
  + Proof of minimum of 2 years of APTA membership
  + Proof of completion of pre-course requirements
  + Copy of enrollment application with proof of acceptance
  + Essay response related to how the advance proficiency pathway will impact your practice and professional development.

To apply, assemble a packet containing the following information:

(1) Copy of IN license or other verification

(2) Copy of APTA membership card or other membership verification

(3) Copy of proof of completion of pre-course requirements

(4) Essay answering the question “How do you foresee a specialist certification

impacting your practice and professional development?” This essay should be a

maximum of two double-spaced pages in at least 10-point type.

Applicants will be notified of committee decisions by September.

Submit all materials in a single packet to:

Jessica Prothero at [inaptaawardscommittee@gmail.com](mailto:inaptaawardscommittee@gmail.com)

**Indiana Chapter, American Physical Therapy Association**

**PTA Advanced Proficiency Pathway Scholarship Application**

Name:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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       City                 State             Zip

Telephone:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          Area Code     Number

Email:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Physical Therapy Association:

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Membership Number                             Dates of Membership

**DEADLINE: July 1**

**Email completed form with supporting materials to:**

Jessica Prothero, PT

inaptaawardscommittee@gmail.com