

MPTA INSTITUTE FOR EDUCATION AND RESEARCH, INC.

Filippis Scholarship Grant Application

RULES:

This scholarship is open to graduating PT students who attend a PT school in Michigan, are a resident of Michigan, and are graduating between July 1 in the current year to June 30 of the following year. The scholarship is \$500 and is awarded to one student at each of the six PT schools in Michigan. If no qualified applicants apply in a calendar year then no scholarship will be awarded to a student at that institution.

PROCEDURE:

1. Complete the MPTA Institute Filippis Family Scholarship Form and submit to the Michigan Physical Therapy Association Institute for Education and Research, Inc. Send completed application to:

MPTA Institute for Education and Research, Inc
1390 Eisenhower Place
Ann Arbor, Michigan 48108
ATTENTION: Education Awards Committee

2. Have official transcripts of all college course work sent to above address by college office.

3. Have recommendations sent to the above address by the person completing the recommendation form.

4. An interview may be required and would be set up by the Institute.

5. Deadline to receive all materials: **August 1st**.

Filippis Family Foundation:

Anthony (Tony) Filippis Sr., a nationally-known and beloved icon in the movement to improve the lives of persons with disabilities, passed away on January 23, 2007, at the age of 91.

The founder of Wright & Filippis, Inc., Michigan's largest provider of home healthcare products and services, Filippis dedicated his personal and professional life to assisting persons with disabilities. The MPTA Institute has been working with the Filippis Foundation for a number of years to offer scholarships to graduating PT students in Michigan. The Filippis Foundation is a nonprofit corporation established to offer a multitude of services and programs that allow the disadvantaged and physically challenged the independence to see their dreams become reality.

MPTA Filippis Family Scholarship Application

**MPTA INSTITUTE FOR EDUCATION AND RESEARCH, INC.
FILIPPIS FAMILY SCHOLARSHIP APPLICATION**

Application for Filippis Family Scholarship from the Michigan Physical Therapy Association Institute for Education and Research, Inc..

INTRODUCTION:

The MPTA Institute for Education and Research, Inc. makes scholarship grants based partially on the recommendations from the Financial Aid Officer of the college the student attends or plans to attend. These grants are based on the financial need of the student, his/her scholastic aptitude, and potential for contribution to the field of physical therapy.

I. GENERAL INFORMATION ABOUT APPLICANT

Name _____

(Please Print) Last First Middle

School _____

Address _____

Street City State Zip Code

Home _____

Address _____

Street City State Zip Code

Phone Number _____

(Home) (Work) (Cell)

Preferred Phone Number _____

Email Address _____

APTA/MPTA Membership Date _____ APTA/MPTA Membership Number _____

Social Security No. _____ Are you currently employed? _____

Name of Employer _____

Address of Employer _____

Name of parent/guardian/spouse _____

(Please circle which) Last First Middle

Address _____

Street City State Zip Code

No. of other family dependents _____

College or University presently attending: _____

Degree _____ Anticipated date of Graduation _____

Fall Semester begins (Date) _____

Winter Semester begins (Date) _____

=====

DO NOT COMPLETE BELOW THIS LINE - FOR INSTITUTE USE ONLY

Application Received: _____ Institute ID No. _____

Disposition: _____ Approved for scholarship (Date) _____

_____ Not Approved _____ Approved but not funded

COMMENTS:

Trustees: _____

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II. FORMAL EDUCATION

A. College Record (if applicable)

Institution Dates Attended Major Degree GPA

- 1.
- 2.
- 3.
- 4.

B. Academic Honors Received: _____

TRANSCRIPT: Record of all previous college work required. Transcript to be sent directly to the MPTA Institute for Education and Research, Inc. by the college or university attended.

III. EXTRA CURRICULAR OR COMMUNITY ACTIVITIES (additional pages may be added if needed, please list all activities- not limited to PT)

List all organizations to which you belong and extra-curricular activities in which you are presently involved.

IV. PROFESSIONAL ACTIVITIES APTA/MPTA MEMBER (i.e. attending meetings, student conclave, continuing education courses)

V. LIST HEALTH RELATED WORK AND/OR VOLUNTEER EXPERIENCES WHICH YOU HAVE HAD, INCLUDING DATES AND RESPONSIBILITIES.

<u>Dates</u>	<u>Hrs./Week</u>	<u>Employed</u>	<u>Name & Address of Employer</u>	<u>Position Held/Responsibility</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VI. SCHOLARSHIP FUNDS - YOU MUST BE A FULL TIME STUDENT IN A PHYSICAL THERAPY PROGRAM.

Name of college or university: _____
Date of admittance in physical therapy program: _____
Intended place of residence after completion of studies: _____

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VII. REFERENCES

Provide the names of 2 people whom you have asked to write letters of recommendation in support of your application. One of these **must** be a physical therapy faculty member and the other should be from a physical therapy clinician if possible.

Name _____
Address _____
Occupation and Title _____

Name _____
Address _____
Occupation and Title _____

Please provide the above people with the attached student recommendation form to complete and return to the MPTA Institute for Education and Research, Inc.

VIII. Describe why you believe you have professional promise. Please include your areas of interest within the field of physical therapy and your career plans (limit response to this allotted space or one typed written page).

I hereby acknowledge that the information contained in the preceding pages is correct to the best of my knowledge.

DATE: _____ APPLICANT'S SIGNATURE: _____

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MPTA INSTITUTE FOR EDUCATION & RESEARCH, INC.
STUDENT RECOMMENDATION FORM

Student's Waiver Certificate (Optional)

To the Student:

You may voluntarily waive your right to have access to a specific letter of recommendation written about you in accordance with the Federal Family Education Rights of Privacy Act of 1974 by signing this certificate.

Name of Applicant: _____
(Please Print)

I waive, relinquish and disclaim all my rights to have access to the student recommendation form attached.

DATE SIGNATURE

EVALUATOR PLEASE COMPLETE THE FOLLOWING

How will this student compare to other students in the following areas:

(Circle one rating for each category)

1. Communication Skills (written and verbal):

1 2 3 4 5
Poor Below Average Average Above Average Exceptional

COMMENTS:

2. Organization Skills:

1 2 3 4 5
Poor Below Average Average Above Average Exceptional

COMMENTS:

3. Responsibility for completion of assigned tasks:

1 2 3 4 5
Poor Below Average Average Above Average Exceptional

COMMENTS:

4. Interpersonal relationships:

1 2 3 4 5
Poor Below Average Average Above Average Exceptional

COMMENTS:

5. Potential for contribution to the profession of Physical Therapy:

1 2 3 4 5
Poor Below Average Average Above Average Exceptional

COMMENTS:

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Please give a brief description of how well you know the above applicant, in what capacity you know this applicant, and reasons why you either recommend or do not recommend this applicant for receipt of scholarship funding. Please direct comments toward issues directly affecting health care.

Based on my knowledge of the applicant, I (check one)

_____ Strongly recommend _____ Recommend _____ Do not recommend this student for an Institute Scholarship

Name of Evaluator: _____

Position or Title: _____

Department: _____

Place of Employment: _____

DATE

SIGNATURE

**Please return to: Educational Awards Committee
MPTA Institute for Education & Research, Inc.
1390 Eisenhower Place
Ann Arbor, Michigan 48108**