

**MPTA INSTITUTE FOR EDUCATION AND RESEARCH, INC**  
**Filippis Family Scholarship**

**INTRODUCTION:**

The MPTA Institute for Education and Research, Inc. makes scholarship grants available based partially on scholastic aptitude, potential for contribution to the field of physical therapy and the financial need of the student. The Filippis Family Scholarship is open to graduating PT students who

- a) attend a PT school in Michigan,
- b) are Michigan residents, AND
- c) are graduating between July 1, 2010 to June 30, 2011.

The scholarship is \$500 and is awarded to one student at each of the six PT schools in Michigan. If there are no qualified applicants that apply in a calendar year than no scholarship will be awarded to a student at that institution.

**PROCE DURE:**

1. Complete the MPTA Institute Filippis Family Scholarship Form. Send the completed application to:

**MPTA Institute for Education and Research, Inc**  
**3300 Washtenaw Avenue, Suite 220**  
**Ann Arbor, Michigan 48104-4200**  
**ATTENTION: Education Awards Committee**

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

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

4. Deadline to receive all materials: **August 1, 2010**

**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 INSTITUTE FOR EDUCATION AND RESEARCH, INC  
Filippis Family Scholarship Grant Application 2010

**I. GENERAL APPLICANT INFORMATION** (Please print)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone Numbers \_\_\_\_\_  
Home Cell

Email Address \_\_\_\_\_

APTA/MPTA Membership Date \_\_\_\_\_ Membership Number \_\_\_\_\_

University Name \_\_\_\_\_

Date of Admittance to PT \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Address of Employer \_\_\_\_\_

Number of Family Dependents \_\_\_\_\_

=====

**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. Institution(College/University): Dates Attended, Major Degree, GPA

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B. Academic Honors Received \_\_\_\_\_  
\_\_\_\_\_

C. Transcripts:

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**

List activities and organizations to which you are presently involved, not limited to PT (additional pages may be added if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PROFESSIONAL ACTIVITIES**

List professional activities (i.e. meetings attended, student conclave, continuing education courses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. HEALTH RELATED WORK AND/OR VOLUNTEER EXPERIENCES**

List experiences including dates or hours/week, positions held/responsibility, employer name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. 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 Forms to complete and return to the MPTA Institute for Education and Research, Inc.

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**VII. Personal Statement**

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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**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

\*\*\*\*\*

**STUDENT RECOMMENDATION FORM**

**Name of Evaluator** \_\_\_\_\_  
**Position or Title** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_

**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, verbal, non -verbal):**

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

COMMENTS:

**2. Organizational 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:**

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

**6. 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 the receipt of scholarship funding.**

Based on my knowledge of the applicant, I (check one)  
 Strongly recommend  
 Recommend  
 Do not recommend this student for an Institute Scholarship.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Please return to:**  
Educational Awards Committee  
MPTA Institute for Education & Research, Inc.  
3300 Washtenaw Avenue, Suite 220  
Ann Arbor, Michigan 48104-4200

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