



## THE DOCTOR OF PHYSICAL THERAPY SCHOLARSHIP APPLICATION

**DEADLINE FOR APPLICATION:  
March 15, 2021**

### **ELIGIBILITY CRITERIA:**

- Students must maintain a 3.0 grade point average
- Preference given to students who display leadership and community service activities
- Students must display financial need  
**\*Must complete FAFSA & Walsh University Application for Financial Aid by deadline**
- Must submit an essay on “How your leadership and service experiences have enhanced your physical therapy education and how these experiences have influenced your future as a physical therapist.”

**\*Please do not remove cover sheet\***

**WALSH UNIVERSITY**  
 THE DOCTOR OF PHYSICAL THERAPY SCHOLARSHIP

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Student ID \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Are you a current student in the Physical Therapy Program at Walsh University: \_\_\_\_\_

Phone Number \_\_\_\_\_

**COLLEGE INFORMATION**

Cumulative Grade Point Average \_\_\_\_\_ Fall Semester Grade Point Average \_\_\_\_\_

I will complete graduation requirements by \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

Please list any leadership activities and organizations in which you have participated in at Walsh:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all non-college, community related activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If selected for this scholarship, you have my permission to send a press release to local papers acknowledging my award. The local paper for my community is \_\_\_\_\_ Your signature: \_\_\_\_\_

*I agree that the information provided is true and I agree to allow the Scholarship Committee to verify any or all information with the appropriate campus offices.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return to Carmela Bendetta, Scholarship Coordinator***  
 Walsh University, 2020 East Maple Street, North Canton, OH 44720-3336 • Email: cbendetta@walsh.edu  
 Questions: 330-490-7596