Three Rivers Academic Consortium

Clinical Education Scholarship

**Student Application**

Dear Student:

We welcome your application for the Three Rivers Academic Consortium Clinical Education Scholarship. This scholarship was developed toprovide financial assistance to students to enable them to achieve their clinical education goals**.** The Three Rivers Academic Consortium will offer four $500 scholarships to students attending Universities/Colleges within the Consortium. Students are awarded the scholarships based upon an application, a personal statement, and a DCE/ACCE recommendation form. Students must submit an application and a personal statement that includes their clinical education goals and how the scholarship will enable them to achieve the stated clinical education goals. The student’s DCE/ACCE will submit a recommendation form.

Complete applications with the personal statement must be submitted to the ACCE/DCE by **October 1, 2019.**

The award recipient will be notified by telephone call, letter, and/or email by **January 15, 2020.**

Thank you,

The Scholarship Committee

Three Rivers Academic Consortium

Three Rivers Academic Consortium

Clinical Education Scholarship

**Student** Application

Cover Sheet

Student’s Name

Address

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Phone Number

E-mail

University/College

Expected Year of Graduation

**Note: Please do not include your name in any part of the application beyond this point.**

Are you an APTA member? \_\_\_Yes \_\_\_\_No

If yes –

1. please list the state chapter.
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. please list any Sections/Academies in which you are a member.
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. please list any Special Interest Groups in which you are a member.
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the APTA/State Physical Therapy Association/district activities in which you have participated. (e.g. conferences, workshops, student conclave) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List your membership in any other professional or service organizations. Please include the dates of your membership, duties performed, and any leadership positions held. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any other student or program activities in which you have been involved. Please include the dates and your participation in those activities.

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Please attach your personal statement describing your clinical education goals and how the scholarship will enable you to achieve those clinical education goals. Please submit this application and your personal statement to your DCE/ACCE by **October** **1, 2019.**