**Outstanding Student Physical Therapist Award**

**and**

**Outstanding Student Physical Therapist Assistant Award**

2021 APPLICATION FORM

**Eligibility**

The nominee must be currently enrolled in their final year of an accredited or developing physical therapist or physical therapist assistant education program. Applicants must be current members of the American Physical Therapy Association. Elected officers of the Student Assembly Board of Directors and Nominating Committee are not eligible to apply.

**Procedure**

1. Any member of APTA may nominate candidates for this award. Students are also encouraged to apply on their own.

2. All materials must be received via email by the Student Assembly executive office at [student-assembly@apta.org](mailto:student-assembly@apta.org) by **Dec. 1, 2020.**

1. The materials submitted for each nomination shall include the following:

* A completed application form (please follow specific instructions on the form.).
* A support statement from one faculty member in the educational program at which the nominee is enrolled.
* A support statement from one clinical instructor. **A letter from a clinical instructor is preferred and will receive higher consideration.** A statement from an additional faculty member that can assess the nominee’s clinical skills is acceptable if a statement from a clinical instructor cannot be obtained.
* An official transcript from the educational program at which the nominee is enrolled.
* A copy of the nominee’s valid APTA membership card.

**Note:** Other materials (e.g., resumes) **should not** be included in the application package.

4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

**Personal Data**

Full Name: Social Security Number:

Current Mailing Address: APTA Membership Number:

City: State: Zip:

Daytime Phone: - - Home Phone: - - Email:

Permanent Mailing Address:

City: State: Zip:

Student Physical Therapist: ❒ Student Physical Therapist Assistant: ❒

Graduation Date (Month/Year): Degree Sought:

Education Program Attending:

**In the space provided, please give a statement for areas 1-4.**

(1) Academic performance in the professional phase of your educational program:

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(2) How do you demonstrate exceptional nonacademic achievements and initiative:

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(3) Involvement in professional organizations and activities that provide potential professional

growth and contribution to the physical therapy profession:

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(4) Other contributions:

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Please email this application and required supporting documents **to the Student Assembly office at** [**student-assembly@apta.org**](mailto:student-assembly@apta.org) **no later than Dec. 1, 2020.**

**The Student Assembly Board of Directors will not consider materials received after this date.**

Faxes will not be accepted.