NMAPTA SCHOLARSHIP FUNDS

FRED RUTAN SCHOLARSHIP

a. Recipient will be a first or second year student who demonstrates outstanding leadership and scholarship;
b. Amount of award: $500
c. Time frame: Fall semester
d. Method:
   • Applicant will write an essay describing why they are deserving of the scholarship, including examples of their leadership and scholarship qualities.
   • Applicants will submit their essays to a staff assistant, who will assign an anonymous number to each essay.
e. Selection: Faculty of the University of New Mexico Physical Therapy Program will make the decision based on essay and demonstrated performance within the physical therapy program.
   • Name, address, and social security number of selected recipient will be submitted to the Treasurer of NMAPTA for disbursement of scholarship monies.

ELIZABETH BARNETT SCHOLARSHIP

a. Recipient will be a second year student who demonstrates financial need for full time clinical affiliations;
b. Amount of award: $500
c. Time frame: Fall semester
d. Method:
   • Applicants will complete a financial aid form and write an essay describing why they are deserving of the scholarship, including financial needs issues and how they will use the scholarship money during their clinical affiliations.
   • Applicants will receive financial statement forms from the staff assistant, and submit forms and essays to the staff assistant, who will assign an anonymous number to each set.
e. Selection: Faculty of the University of New Mexico Physical Therapy Program will make decision based on #1 and #2 criteria above.
   • Name, address, and social security number of selected recipient will be submitted to the Treasurer of the NMAPTA for disbursement of scholarship monies.

DONATION FORM

Name: ____________________________________________________________
Address: _________________________________________________________

Phone: ___________________________ APTA Member #: __________________
E-mail: ___________________________________________________________

Payment type: □ Check (Make check payable to: New Mexico Physical Therapy Association)
 □ Visa □ MasterCard □ American Express

Card #: ___________________________ Exp Date: _________________

Signature: _____________________________________________________________________________