

UNIVERSITY OF MICHIGAN-FLINT
School of Health Professions and Studies
Physical Therapy Department

STUDENT INFORMATION SHEET
COLEMAN J. ROSS, JR. AND LOIS R. ROSS SCHOLARSHIP FUND

A. General Information

The Coleman J. Ross, Jr. and Lois R. Ross Scholarship Fund was established by Mr. and Mrs. Ross in 1986 with a gift to The Campaign for Michigan. Mr. and Mrs. Ross have added to the original amount several times. The income from this fund is designated to provide scholarship assistance to students of the University of Michigan-Flint who are pursuing an education in the field of physical therapy.

B. Awards

The number of awards each year is not specified in advance. The number of annual scholarships is determined by the applicant quality, as well as the accumulated income in the fund. The award money is to be used only for tuition, books or fees. Scholarship selection is based on consideration of financial need. The scholarship is not renewable.

C. Criteria

Students will be considered for a scholarship award if they meet the following criteria. The student will be:

1. A citizen of the United States.
2. A resident of the State of Michigan as determined by the University of Michigan standards.
3. Enrolled in good standing in the entry level Doctor of Physical Therapy Program, Physical Therapy Department, School of Health Professions and Studies in the year preceding their final year of study (Yr.2). Good standing is defined by absence of faculty action related to policies on academic standing and/or ethical conduct.
4. Enrolled in the final year of the professional preparation program for the term the award is sought.
5. Able to demonstrate an overall grade point average of at least 5.0.
6. In need of financial assistance. Data will be collected by the Physical Therapy Department in consultation with the Financial Aid office.

D. Scholarship Screening Committee and Award Process

The Scholarship Screening Committee consists of three members of the faculty and one staff member of the Physical Therapy Department. This committee makes recommendations to the total faculty during a regularly scheduled faculty meeting. Granting authority is vested in the faculty of the Physical Therapy Department. Faculty decision is considered final.

E. Applications

Applications can be obtained from the Physical Therapy Department, 2157 WSW. Completed applications are to be submitted to the Physical Therapy Department by **July 1** of the calendar year in which an award is sought. Changes in information after the application deadline should be forwarded promptly to the Physical Therapy Department.

F. Payment

Payment is made by check in one disbursement during either fall (Yr. 3) or winter term of their final year (Yr. 3).

G. For Further Information Contact:

Reva Kidd, Business Administrator, Physical Therapy Department (810) 762-3373.

Revised March 1993

Revised April 1999

Revised August 2002 (MPT to DPT)

Revised June 2007

**STUDENT APPLICATION FORM
COLEMAN J. ROSS, JR. AND LOIS R. ROSS SCHOLARSHIP FUND**

GENERAL INFORMATION

Name: _____ Student UMID#

Address:

City

State

Zip Code

Phone: _____ Academic Year scholarship is applied for:

Citizen of the United States: ___ Yes ___ No Michigan Resident: ___ Yes ___ No

Indicate your current financial status. (CHECK ONLY ONE)

- ___1. Independent person, ie. you filed own tax form. Proceed to **SECTION A**.
- ___2. Dependent person, ie. claimed as dependent on last income tax filed by another person. Proceed to **SECTION B**.
- ___3. Head of Household (Independent person with family responsibilities (spouse or significant other), ie. filed separate and/or joint return and/or have family responsibilities. Proceed to **SECTION C**.
- ___4. Other (see Administrative Associate I)

SECTION A

- 1. Applicant's Assets: (Less Indebtedness: (Total ownership in business holdings, real estate, automobiles, stocks and bonds, retirement and trust funds, insurance cash values, savings, etc. minus cash indebtedness. **Exclude** educational debt. **Include** assets held in trust.
 - a. Applicant's Total Income for Past Tax Year:
Occupation:
 - b. Applicant's Projected Income for Year Scholarship Offered:
 - c. Unusual Obligations or Circumstances: (**Include** listing of outstanding loans for educational purposes and who is holder, ie. parent, yourself, etc.)

GO TO SECTION D

SECTION B

- 1. Paternal/Maternal Assets Less Indebtedness: (Total ownership in business

holdings, real estate, automobiles, stocks and bonds, retirement and trust funds, insurance cash values, savings, etc. minus cash indebtedness.

Exclude educational debt for applicant.)

- a. Father's Gross Income for Past Tax Year:
Occupation:
- b. Mother's Gross Income for Past Tax Year:
Occupation:
- c. Unusual Obligations or Circumstances: (**Include** listing of outstanding loans for educational purposes and who is holder, ie. parent, yourself, etc.)

2. Dependents

- a. Age of each dependent whom parents will claim, including themselves and applicant, for the next tax year which scholarship aid is being requested.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8)

- b. List any above dependents who are disabled and briefly describe the disabling conditions of each (ie., invalid adults unable to contribute to their own support, adults or children who have continuing unusual expenses for medical care or special training).

- c. Number who will be supported in college next year (include yourself if applicable)
- d. Number who are being supported in college this year
- e. Number who were supported in college last year

GO TO SECTION D

SECTION C

1. SPOUSE/SIGNIFICANT OTHER ASSETS less Indebtedness: (Total ownership in business holdings, real estate, automobiles, stocks and bonds, retirement and trust funds, insurance cash values, savings, etc. minus cash indebtedness. **Exclude** educational debt for applicant.)
 - a. Spouse/Significant Other Gross Income for Past Tax Year:
Occupation:
 - b. Unusual Obligations or Circumstances: (**Include** listing of outstanding loans for educational purposes and who is holder, ie. parent, yourself, etc.)

2. Dependents
 - a. Age of each dependent whom you will claim for the next tax year which scholarship aid is being requested.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8)
 - b. List any above dependents who are disabled and briefly describe the disabling conditions of each (ie., invalid adults unable to contribute to their own support, adults or children who have continuing unusual expenses for medical care or special training.)
 - c. Number who will be supported in college next year (include yourself if applicable)
 - d. Number who are being supported in college this year
 - e. Number who were supported in college last year

GO TO SECTION D

SECTION D Other Scholarships, Awards and Grants

1. List previously awarded scholarships or grants, including amounts, which you have been awarded since Fall term, Yr. 3.
2. List current scholarships or grants, including amounts, received for current term (Summer, Yr. 4)
- 3.* List scholarships or grants, including amounts, which you have applied and will be applicable for Yr. 5, but have not yet received notification of decision.

SECTION E EXPENSES

Estimate expenses in the following categories for the academic year scholarship is requested for yourself (include spouse/significant other and dependents if appropriate).

Tuition	_____ /yr.
Fees	_____ /yr.
Books	_____ /yr.
Rent	_____ /mo. = _____ /yr.
Food	_____ /mo. = _____ /yr.
Transportation	_____ /mo. = _____ /yr.
Clothing	_____ /mo. = _____ /yr.
Medical & Dental	_____ /mo. = _____ /yr.
Entertainment	_____ /mo. = _____ /yr.
Debt (credit cards, loans, etc.)	_____ /mo. = _____ /yr.
(credit cards, loans, etc.)	
Miscellaneous (give example)	_____ /mo. = _____ /yr.

TOTAL EXPENSES

* NOTE: It is the student's responsibility to inform the Administrative Associate I of changes in response to #3.

SECTION F FINANCIAL PLANNING

Projected income for school purposes for academic year in which scholarship support is requested.

from grants and awards _____

from relatives, significant others

from savings

from personal loans

from your part-time employment

TOTAL PROJECTED INCOME

TOTAL EXPENSES - TOTAL PROJECTED INCOME =

SECTION G REQUEST

Amount of scholarship requested:

SECTION H

Write a brief paragraph (250 words or less) about what receiving the scholarship means to you. What difference does receiving this scholarship mean to your education? Use the back of this sheet.

SECTION I

Release of Information and Signature

I certify that the information in this application is true to the best of my knowledge. I give permission to duly authorized employees of the University of Michigan-Flint or their designees to obtain information establishing the veracity of my statements as they may deem necessary and appropriate.

Signature:

Date: