

VIRGINIA WILSON MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____ UM ID#: _____

YEAR IN DPT PROGRAM: _____ APTA STUDENT MEMBERSHIP #:
DATE EFFECTIVE:

I. Please identify/describe your history of service to the community. (Use the back side of page if necessary.)

II. Please identify/describe your history of service to the profession (APTA or MPTA), the DPT educational program, or the community since your admission to the DPT program. (Use the back side of page if necessary.)

III. Write a brief statement about your future (after graduation) professional goals.