

**Ralph M. and Emmalyn E. Freeman
Physical Therapy Scholarship Application**

Student Name: _____ UM ID#: _____

Have you applied for this scholarship in previous years? Yes No

If yes, were you awarded this scholarship? Yes No

List your cumulative GPA at the time of this application: _____
(Minimum 6.0 GPA required for application)

On this or additional paper, please respond to the following:

I. Identify why you believe you should be considered for award of a Freeman Scholarship.

II. If applicable, describe in what ways you have been involved in local, state or national political events or government.

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

Student Signature: _____