

Frances Ekstam Fellowship Application 2010

Name: _____
First Middle Last Student ID#

Address: _____
Street Apt. #

City State Zip

Phone: _____
Area Code Number

Cumulative GPA: _____ Third year student: _____
Yes No

Citizen of U.S. or permanent alien? _____
Yes No

Anticipated Graduation Date: _____
(mm/yy)

CPI scores/rating of clinical instructors regarding ethical conduct: _____

Please attach additional page(s) to answer the following. Include name and student ID# on each additional page.

1. List your extracurricular activities.
2. Are you a current student member of the APTA? Describe your participation/attendance in Indiana District or National APTA meetings.
3. Please describe what professionalism means to you.
4. Please describe where you see yourself in five years:

Nominating Faculty assessment of professionalism, contribution to program (for office use only).