

# Patricia Rae Evans Fellowship Application 2010

Name: \_\_\_\_\_  
First Middle Last Student ID#

Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_

Cumulative GPA (minimum 3.5): \_\_\_\_\_

Undergraduate degree from Indiana University? \_\_\_\_\_  
Yes No

Anticipated Graduation Date: \_\_\_\_\_  
(mm/yy)

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

Describe your career goals after receiving your DPT degree and how this award will help you achieve those goals.