

Scholarship Application Form For Kaiser Permanente PT Fellowship and IAOPT

I am applying for the:

- Clinical Mentorship
- Advanced Fellowship

Personal Information

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

Alternate contact person (MANDATORY)

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

Attach a copy of pages 1 and 2 of your Federal Income Tax return, form 1040 for the most recent tax year.

If you were not required to submit a Federal Income Tax return, please provide an explanation.

If married, but filing separately, please complete the following:

Number of persons in your household including yourself _____

Gross Annual Household income _____

Other Annual Income: _____

Describe:

Current employer:

Name/address/phone:

Date of Hire:

Annual Salary:

Will you have to resign your position to attend the mentorship or fellowship program?

YES NO

Will you have a position to return to after the Mentorship or Fellowship?

YES NO

Is your spouse/partner employed?

- Full time
- Part time
- Other
- Not employed

Explain:

Monthly expenses:

- Student loan amounts: _____
- Support for other family member
(describe amount and explain in essay) _____

By signing below, I authorize you to do an independent check of my credit history. All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I also realize that failure to substantiate information could jeopardize processing of my application. I give permission for my financial information to be discussed by Kaiser Permanente PT Fellowship and the Institute for the Advancement of Orthopaedic PT (the alumni organization.)

Applicant's signature and date: _____