



Scholarship Application

Application due date: April 18, 2025

1. DEADLINE for scholarship applications is April 18, 2025.
2. Refer to the application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will not be considered.
5. You will be notified by phone regarding the status of your application.
6. If you have any questions about the application, please call AJ Sare at 307.672.2092 or by email at ajsare83@gmail.com.

PURPOSE: The mission of this scholarship is to provide financial assistance to individuals that are planning on pursuing a career in Physical Therapy, Occupational Therapy, or Speech Therapy in community colleges and universities. Applicants must have attended high school in Sheridan County. The Sheridan Physical Therapy Scholarship will be awarded to a graduating high school senior entering their freshman year.

FINANCIAL ASSISTANCE is based on academic performance, leadership potential, and participation in environmental programs including but not limited to volunteer hours. Scholarships are awarded annually provided funds are available.

SCHOLARSHIP AWARDS

Sheridan Physical Therapy will award scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to, the following: Academic Accomplishments, Community Service, References, and Personal Essay. Sheridan PT will pay scholarship funds directly to the recipient. Scholarships are awarded to a different recipient every year. This scholarship will be awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria. In 2024, two - \$1,000 scholarships will be awarded.

CRITERIA

- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 2.5 on a 4.0 scale.
- Applicants must be accepted as a full time student at a college or university for the upcoming academic semester.
- Preference will be given to students who attended high school in Sheridan County.
- Applicants must complete and submit a Scholarship Application by **April 18, 2025**.

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official proof of academic standing.
- A letter of academic references from a guidance counselor or teacher.
- A letter completed reference from an employer or other community member.
- Proof of acceptance at an academic school for post-secondary studies.

SCHOLARSHIP AWARDS

- Awards will be given by June 1st.

Please mail OR submit application in person to:

Sheridan Physical Therapy Scholarship Fund

Att: AJ Sare

50 W. 3rd St
Sheridan, WY 82801

Application-must be filled out by applicant.

Please type on a separate sheet or print your answers below. Illegible applications will <i>not</i> be considered.		
1	Last Name: _____	First Name: _____
2	Mailing Address: Street: _____ City: State: ZIP: _____	
3	Daytime Telephone Number: () _____ Email address: _____	

4	High School Attended:	Number of years attended HS:
5	I will be attending the following school in the <u>Fall of 2024</u> : _____ Address/ Phone: _____	
6	Will you be a full time student? _____	
7	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent official school transcript required.	
8	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____	
9	What specialty/major do you plan to major in as you continue your education?	

Please list the following information on a separate sheet if needed.

10	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
11	AREA OF STUDY: What do you want to study and why?

12	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.		
13	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.		
14	CAREER PLANS: What are your career plans and what would you like to be doing in 10 years?		
15	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.
	YES	NO	Most recent high school or college transcript.
	YES	NO	Answers to questions 1-15

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to Sheridan Physical Therapy is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Sheridan Physical Therapy Scholarship Fund.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

The deadline for this application to be received by Sheridan Physical Therapy is April 18, 2025.