

Memorial Fund Scholarship Award Information and Nomination Form

The Memorial Fund Scholarship was created in 2003 to fund pediatric physical therapists that wish to become Pediatric Clinical Specialists. The Memorial Fund Scholarship Committee was established by the Executive Committee in 2003 as an ad hoc committee of the Section with a minimum of three members appointed by the Executive Committee.

The Memorial Fund Scholarship Fund will award a \$1000 scholarship annually to an active member of the Section. This individual will be selected through a competitive process from among nominations submitted by Section membership. The purpose of this award is to fund the member to prepare or to sit for the APTA Clinical Specialist in Pediatrics (PCS) Certification Examination. The funds may be used to pay for PCS exam fees, attendance at the Advanced Clinical Practice Course, or continuing education credits.

Criteria

- 1) Active or life member of the Section on Pediatrics.
- 2) Planning to sit for the Clinical Specialist in Pediatrics Examination.

Procedures for Nomination

Each nominator shall send:

- 1) A completed nomination form.
- 2) A curriculum vita of the nominee.
- 3) Reasons why the nominee is best suited for this award.

Guidelines

- 1) Nominations must be made on the application form that can be obtained from the Executive Office of the Section on Pediatrics. The form must be submitted by November 1, with all supporting data attached. The original application and four copies should be sent to the Executive Office.
- 2) The committee shall notify the recipient and receive an acceptance prior to the public announcement.
- 3) The committee will maintain confidentiality in all matters dealing with the selection of award recipients.
- 4) The scholarship award will be presented at the Section's Business Meeting at APTA's Combined Sections Meeting each year.

SECTION ON PEDIATRICS
MEMORIAL FUND SCHOLARSHIP
NOMINATION FORM

Please type all information.

NOMINEE

Name: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Why is becoming a Pediatric Clinical Specialist important to you? What impact do you think that the process of becoming a specialist will have on you and your practice?

How will you use this scholarship money if you win?

Please submit ONE ORIGINAL TYPEWRITTEN COPY and FOUR ADDITIONAL, READABLE COPIES of this Nomination Form and the nominee's Curriculum Vitae no later than **NOVEMBER 1**.

Send materials to:
Executive Office
Section on Pediatrics, APTA
Memorial Fund Scholarship
PO Box 327
Alexandria, VA 22313