# NORTHWEST DISTRICT OF THE
# PENNSYLVANIA PHYSICAL THERAPY ASSOCIATION

## DONNA BOUCHER AWARD APPLICATION

**NAME:** _____ **DATE:** _____

**ADDRESS:** _____ **SCHOOL:** _____

_____ **GRADUATION DATE:** _____

**PHONE:** _____

**REFERENCES:** _____ **FACULTY MEMBER**

_____ **CLINICIAN**

**Note:** Please have your references forward a letter of recommendation to the address below by JULY 1. You must be in good standing at your educational institution to qualify for this award.

**STATEMENT OF NEED:** Briefly describe your need for financial support:

_____
_____
_____
_____
_____

**INTEREST IN PROFESSIONAL ISSUES:** Briefly describe your involvement/interest in professional issues, specifically your involvement to date in the PPTA/APTA.

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_____
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**PURPOSE:** Briefly describe how you will utilize funds. Funds are to be utilized for professional meeting attendance, textbook purchases, or other required materials for your education program.

_____
_____
_____
_____
_____

_____
Signature

**PLEASE MAIL APPLICATIONS TO:** Kris Legters
129 West 36th Street
Erie, PA 16508
814-871-5641

**APPLICATIONS ARE DUE JULY 1**