AEGIS THERAPIES GRANT APPLICATION

Residential Doctor of Physical Therapy Program
Rocky Mountain University of Health Professions

Personal Information

Name: First _____ Last _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Date of Birth: (m/dd/yyyy) _____

E-mail address: _____

Year of DPT Program: ☐first yr ☐second yr ☐third yr

Educational Information

List all colleges/universities attended since graduation from high school.

College/University: _____

Location (city and state): _____ Dates of study: _____

Degree awarded or anticipated: _____

College/University: _____

Location (city and state): _____ Dates of study: _____

Degree awarded or anticipated: _____

College/University: _____

Location (city and state): _____ Dates of study: _____

Degree awarded or anticipated: _____

Professional Information:

Work History – list all employers in the past 5 years

Name/Address of Employer: _____

Position(s) held: _____

Years employed (from-through): _____

Name/Address of Employer: _____

Position(s) held: _____

Years employed (from-through): _____

Name/Address of Employer: _____

Position(s) held: _____

Years employed (from-through): _____

Professional memberships -

Organization: _____

Years of Membership: _____

Office or role (if applicable): _____

Organization: _____

Years of Membership: _____

Office or role (if applicable): _____

All applications must be accompanied by:

- **Letter of Recommendation**
- **Personal Essay of 300-750 words explaining how applicant feels he/she will apply DPT degree to enhance clinical practice with senior population.**

Aegis Therapies grant application deadlines are as follows:

Eligible Term	Application Deadline
Spring	15 April

Submit completed applications to:

Aegis Therapies Grant Selection Committee
440 Wells Street, Suite 200
Delafield, WI 53018