

**Susan L. Raines, PT, Physical Therapy Scholarship Application**

Please type or print clearly.

Name:

Address:

Phone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College:

Check Box: First Year Third Year

**Volunteer and Paid Hours Related to Physical Therapy**

Positions, responsibilities, dates of work/service (add an extra sheet if more space is needed)

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**Educational Background**

Include copies of college transcripts, including dates and course of study, showing a GPA of 3.5 or higher.

**Essays**

Include two short essays as described on the website.

**Application must be received no later than May 31st. Include all required material in one email to** [**Foundation@Corvallis-Clinic.com**](mailto:Foundation@Corvallis-Clinic.com)

Do you give permission, if you win the scholarship, to The Corvallis Clinic Foundation to publicize your name and photo on their website? Yes\_\_ No\_\_

*Receipt of the scholarship is not dependent on this response.*

Applicant Signature: Date: