

UW-Madison Doctor of Physical Therapy Program Application - Summer 2010

Name - Last	First	Middle	Former
Mailing Address	Street	City	State/Zip
E-mail Address	Telephone ()		Date of Birth

Please notify the Physical Therapy Program Admissions Advisor of any changes to the above information: euhardy@pt.wisc.edu (608) 265-4815

<p>_____ I have applied to the UW-Madison DPT Program in the past <i>(list year/s):</i> _____ <i>Please attach a separate 150 word essay to this form describing how your application is stronger at this time.</i></p>

List all institutions of higher education attended (colleges, universities, and technical schools), **including UW-Madison**

Institution	City & State	Date(s) of Attendance / Degree	Field of Study

Post-high school work history – with dates *(most recent first)*

Leadership roles and positions held

Extracurricular, community, avocational and volunteer activities, not including Patient Care Experiences – with dates *(most recent first)*

Awards and scholarships

Parents' occupations and highest educational levels

Mother _____	Grade School___	High School___	Certificate___	Degree: Associate___	Bachelors___	Masters ___	Doctorate___
Father _____	Grade School___	High School___	Certificate___	Degree: Associate___	Bachelors___	Masters ___	Doctorate___

Race / Ethnicity *(please answer both A and B)*

<p>A. Ethnicity: Are you of Hispanic or Latino origin? <i>(If yes, choose one or more from the list below)</i></p> <p>____ Yes ____ No</p> <p>____ Cuban</p> <p>____ Mexican, Mexican American, or Chicano</p> <p>____ Puerto Rican</p> <p>____ Other Hispanic or Latino</p>	<p>B. Race: Choose one or more from the list below.</p> <p>____ African American or Black</p> <p>____ American Indian or Alaskan Native <i>(please specify tribal affiliation)</i> _____</p> <p>____ Native Hawaiian or Other Pacific Islander</p> <p>____ Cambodian</p> <p>____ Hmong</p> <p>____ Laotian</p> <p>____ Vietnamese</p> <p>____ Other Asian</p> <p>____ White</p>
--	--

Please check the following that apply

<p>____ I am from a medically underserved community: ____ Rural ____ Urban ____ Other <i>(please explain)</i></p> <p>____ I plan to practice physical therapy in a medically underserved setting. <i>(please explain)</i></p> <p>____ I speak more than one language. If yes, what language/s _____</p> <p>____ My generation is the first to attend college in my family.</p> <p>____ I am from an economically disadvantaged family. <i>(Please explain)</i></p> <p>_____</p> <p>_____</p>
