Purpose: To assist students attending accredited Physical Therapy programs in Wisconsin obtain funding to pursue charitable endeavors related to physical therapy.

Grant Applications are accepted on a yearly basis.

All required documents must be received by October 1<sup>st</sup> for grant consideration.

School	:		
Has you	ur schoo	l receive	d funding from WPTA/WPT Fund for this same activity in the past?
	Yes	No	Dates:
			ritable event including specific activities in which the students will be engaged. ational websites, pictures, literature.
Dlasca	state voi	ur physic	al therapy vision/mission related to this activity.
r iease :	state you	ui pilysic	ar therapy vision, mission related to this activity.
Please of		how thi	s endeavor contributes to your growth as members of the physical therapy

Students	participatin	g in (	charitable event (	100% APTA	membership	p rec	quired for	consideration)	):
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	Name	APTA Member? Y/N	Member ID
L)			
2)			
1)			
5)			
5)			
7)			
3)			
9)			
10)			
Continue on separa	te paper if needed.		
	e event:		
Date(s) of charitabl	e event:	Cost:	
Date(s) of charitabl Detailed list of expe tem:	e event:		
Date(s) of charitable Detailed list of expense tem:	e event:		
Date(s) of charitable Detailed list of expense tem:  1)	e event:	Cost:	

List other sources of funding for this event including amounts:					
Contact Person Submitting Grant Application:					
Title/Position related to event:					
Email:	Phone:				
Address:					

Note: that grant recipients will be required to report back to the WPTA Board of Directors with a summary of the charitable event within 6 months of the conclusion of the event. Pictures are appreciated.