ORTHOPAEDIC SECTION, APTA
ORTHOPAEDIC CLINICAL RESIDENCY OR FELLOWSHIP PROGRAM
GRANT

The Orthopaedic Section will award three grants a year, each in the amount of $1,850 to assist with the application fee for residency and fellowship programs that are designed for 1-5 residents/fellows. A program will become eligible to submit for a grant once it has received notification from the ABPTRFE of candidacy status.

Application Process

The Orthopaedic residency or fellowship program will submit its grant application to the Orthopaedic Section via e-mail. The application must include the following:

- Completed application cover page
- Completed essay
- Copy of the site visit letter from ABPTRFE

The Practice Committee will be forwarded blinded versions all applications to review, during the first week of January. The committee will provide recommendations to the Orthopaedic Sections Board of Directors for which three programs should be awarded the annual grants. Grant award winners will be made public at CSM annually.

Criteria for selection of grants:

1- Financial need
2- Quality of the application

Each criteria is weighted equally

GRANT APPLICATION DEADLINE: December 15 annually.

Format for grant application: submit electronically to Tara Fredrickson: tfred@orthopt.org.
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APPLICATION COVER SHEET

*Available to Orthopaedic Section Members Only*

Name of Residency or Fellowship Program:
__________________________________________________________________________

Person submitting grant application__________________________________________________________________________

Position in residency or fellowship program ________________________________________________________________

APTA Membership Number: _____________________

E-mail Address:____________________________________________________

Contact Number: __________________________________________________

Signature of person completing application (Electronic Signature accepted):
______________________________________________________________________________________________

Essay Question: In one page or less please provide the following information (if applicable):

- Statement of financial need
- Purpose for applying for grant support
- An overview of your programs philosophy and objectives
- Program requirements/opportunities to promote Orthopaedic physical therapy
- Community services projects in which resident or fellow is engaged.
- Requirements to present/publish scholarly activity

E-mail application to:

Tara Fredrickson: tfred@orthopt.org

Any questions concerning the application process may be sent to the Orthopaedic Section office: tfred@orthopt.org.

Rev. December, 2016