Doctor of Physical Therapy Visionary Foundation  
Gary L. Soderberg Doctor of Physical Therapy Scholarship

**Procedure for Nomination**

1. Nominees for the Award will be selected by the faculty, a member of the the students class, or the student organization associated with the program in which the nominee is enrolled.

2. Nominations must be submitted on the nomination form enclosed.

3. The Award’s Committee must receive (1) ORIGINAL typewritten set and THREE (3) duplicate sets of all materials completed and submitted for each nomination by March 1, 2007. Submitted materials will not be returned.

   Incomplete packets will not be considered for the award.

4. The nominee shall be responsible for submitting the following information:

   A. Completed nomination form.
   B. A current curriculum vitae
   C. A current transcript from the school in which the student is enrolled.
   D. A statement limited to two (2) double spaced typed pages stating the following:
      1. The student’s professional goals and areas of interest within the profession.
      2. The student’s vision as to how the student has in the past and in the future, plans to contribute to the growth and development of the field of physical therapy as a profession.
   E. Three (3) letters of recommendation in support of the nominee Submitted by a faculty member, health care professional or student.

5. Materials other than those identified above, which are submitted with a nomination, will not be distributed for review by the Awards Committee.

6. Send all materials to:

   DPT Visionary Foundation  
   GLS-DPT Scholarship Award  
   c/o Dawn M. (Konecky) Swanson  
   4737 Laurel Creek Ct.  
   Baton Rouge, LA 70817

**Criteria for Selection**

The intent of the award is to recognize a Doctor of Physical Therapy Student who exhibits a vision for the future in the profession of physical therapy. The student should demonstrate the following:
1. Evidence of potential and continuing contribution to the advancement of Physical Therapy.

2. Evidence of involvement in one or more of the following areas: research, education, clinical practice or other scholarly activities related to physical therapy.

3. Represents the profession of physical therapy appropriately in the community.

4. The student **MUST** be in the final year in a professional (Entry-level) Doctor of Physical Therapy Program.

**Procedure for Review**

1. The Awards Committee will review the nominations. The number of awards in any year will be based on available funds and the number of nominees who meet the criteria.

2. Members of the Doctor of Physical Therapy Visionary Foundation (Board of Directors, Awards Committee, Officers, etc…) responsible for reviewing nominations, recommending recipients, or awarding the award, who are closely associated with the nominee in either a personal or professional manner in which a conflict of interest may exist, will be required to be absent during the discussion and voting concerning the nominee.

3. The decision of the Awards Committee pertaining to the selection of the Awardee will be final and reasons for the decision will not be discussed.

**Notification of Awards**

1. The recipient of the award and the director of the program in which the Recipient is enrolled will be notified after selection by Award Committee.

2. Nominees who are not selected and the directors of the programs in which Enrolled will be notified of their non-selection and will be thanked for their participation.

3. The student recipients will receive their monetary award and will receive a certificate presented by the Award Committee at an official function to be determined.

**Nature of Award**

1. A plaque will be presented to the awardee/awardees.

2. A monetary award will be presented to the awardee/awardees.
DOCTOR OF PHYSICAL THERAPY
VISIONARY FOUNDATION
GLS-DPT SCHOLARSHIP

Nomination Form

Name: __________________________________________________________
Address: ___________________________________________________________________________________________
Phone: ____________________________________________________________________________________________
College or University Attending: ____________________________________________________________
Address: __________________________________________________________________________________________
Phone: ____________________________________________________________________________________________

Nominator: __________________________________________________________
Name: __________________________________________________________
Address: __________________________________________________________________________________________
Phone: ____________________________________________________________________________________________
Signature: ___________________________ Date: ___________________________