



**Georgia Foundation for Physical Therapy (GFPT)
Scholarship Application – Verification of Hours
PT Solutions Future Leaders Scholarship**

Verification of Credit Hours by your school's Department Chair

Student Name: _____

Program: PT

Total number of credits required for your PT education: _____

Number of credits completed at the time of the application deadline: _____

PT GPA: _____

I verify that the nominee is enrolled full-time in a physical therapy educational program and that the nominee will complete their program of study by November 1, 2024. I also verify that the applicant is a third-year PT student at the time of the application deadline.

Department Chair

Name: _____

Title: _____

E-mail: _____

Department Chair Signature: _____

PT Department

Date signed: _____