



Georgia Foundation for Physical Therapy (GFPT) Scholarship Application – Verification of Hours

Verification of Credit Hours by your school's Department Chair

Student Name: _____

Program (circle one): PT / PTA

Total number of credits required for your PT or PTA education: _____

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

PT/PTA GPA: _____

I verify that the nominee is enrolled full-time in a physical therapy or physical therapist assistant or educational program and that the nominee will have completed one (1) year of the credit hours required for graduation.

Department Chair

Name: _____

Title: _____

E-mail: _____

Department Chair Signature: _____

PT/PTA Department

Date signed: _____