UNIVERSITY OF KENTUCKY
COLLEGE OF HEALTH SCIENCES
PHYSICAL THERAPY SUPPLEMENTAL PROFESSIONAL APPLICATION

1. **Name:** _____
Last First Middle Maiden

2. **Ethnic Background (check one):** (Optional – this is used for statistical summaries ONLY and has no bearing on your application status.)

○ Hispanic	○ White/Non-Hispanic	○ Puerto Rican
○ African American	○ American Indian	○ other (specify) _____
○ Mexican American	○ Asian/Pacific Island	

3. ☐ Male ☐ Female (Optional – this is used for statistical summaries ONLY and has no bearing on your application status.)

4. **Date of expected entry into Professional Program: Fall semester** _____

5. **INDICATE WITH A CHECK MARK THE ADDRESS FOR CORRESPONDENCE (for all PT program material through August 2009)**

☐ **Permanent Address:** _____
Number and Street

_____
City County State Zip Cell Home Phone **Email Address**

☐ 6. **Present Address:** _____
Number and Street

_____
City County State Zip Cell Home Phone **Email Address**

7. **Date of Birth:** ____/____/____ 8. **Social Security Number**: ____/____/____

9. **Name of Parent or Guardian:** _____

10. **Address:** _____
Street City State Zip Phone

11. **Have you previously applied for UK PT professional program admission?** ☐ Yes ☐ No If yes, give date(s): _____

12. **List all undergraduate colleges, universities, or professional schools, beginning with the institution <u>currently</u> or most recently attended. (Please use additional paper if needed.)**

Institution & Address	**Declared Major**	**Month/Year**	**Month/Year**	**Degree or Certificates Earned**
			To	
			To	
			To	

13. **Residency** (<u>You must complete all four questions.</u>)

a.	Have you lived and worked full time in Kentucky for the last 12 months?	☐ Yes	☐ No
b.	Have you received financial support from an individual out-of-state during the last 12 months?	☐ Yes	☐ No
c.	Are you a resident of Kentucky?	☐ Yes	☐ No
d.	Does either parent (or legal guardian) live in Kentucky?	☐ Yes	☐ No

14. **If Applying to the Center for Rural Health**, please submit as an addendum to this application, one **Application Essay** indicating your qualifications for the rural health campus including your background, place of birth and desire to work in a rural area upon program completion**.. <u>(Limit 1 page, 1.5 to double spaced)</u>**

I understand that (1) it is my responsibility to insure all application materials are received by the deadline date and (2) withholding or giving false or misleading information will make me ineligible for admissions and enrollment.

_____ _____
Applicant's Signature Date

15. **I am applying for admittance to the PT program at (check one). I realize that if acceptable at both campuses, the decision for final placement is made by the Admissions Committee.**

☐ Lexington Campus ☐ Hazard Campus ☐ Both Campuses

(Form A)