



Celebrate Cherie Scholarship

Application for Academic Year 2014-2015

Purpose: The Celebrate Cherie Scholarship Fund awards scholarships to deserving up and coming **graduate students pursuing careers in physical therapy**. The fund was established to honor Cherie Amor Yadao, a physical therapist and manager for Commonwealth Orthopaedics in Arlington. On August 29, 2009, Cherie's life was cut short at the age of 35 after a valiant fight against a rare cancer, extra pulmonary small cell carcinoma. To the end, Cherie lived life to the fullest and touched so many lives in the process. The goal of the Celebrate Cherie Scholarship Fund is to help physical therapy students pursue their dream of helping others as Cherie did.

This scholarship is administered by the Community Foundation for Northern Virginia. For more information visit the website at www.cfnova.org.

Scholarship Award: a one-time distribution of \$5,000. The scholarship will be paid directly to the winner's accredited university graduate program in physical therapy.

Selection Criteria:

Applicants must be legal residents of Northern Virginia (defined as the areas of Alexandria, Arlington, Fairfax, Loudoun and Prince William Counties). The scholarship selection committee will consider the following:

- Academic excellence as demonstrated by undergraduate GPA
- Demonstrated leadership in the field of physical therapy
- Academic and professional references
- Citizenship and community involvement
- Essay/personal statement

Application Deadline: June 1, 2014

Application Instructions:

Complete the application, printing or typing the answers neatly in the space provided. Do not attach any additional information. Be sure to sign the completed application. All applicants will be notified of a decision by July 15, 2014.

Send the following with the application:

1. Two letters of recommendation; at least one from school personnel and one from a person familiar with the applicant's community or school activities.
2. An official transcript from all colleges attended

Mail completed applications and materials to:

Jo-Anne C. Burton, PT, DPT
c/o Commonwealth Orthopaedics
11240 Waples Mill Rd., Suite 403
Fairfax, VA 22030

All materials must be postmarked by **June 1, 2014**. Please **do not** attempt to hand deliver applications or materials. Late or incomplete applications will not be considered. **Questions:** Contact Jo-Anne Burton at jbarton@c-o-r.com or Shannon Haynie at shaynie@c-o-r.com

COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA
Celebrate Cherie Scholarship
Application for Academic Year 2014-2015

I. Applicant Contact Information:

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Email _____

II. Undergraduate Program You Have Graduated From:

Name _____

Address _____

Dates attended _____ Graduation date (mm/yyyy) _____

Current GPA _____ As of (mm/yyyy) _____

Other programs attended:

School _____

Address _____

School _____

Address _____

III. PT Graduate Program that you plan to attend:

Name of College or University _____

If unknown at the time of the application, please list programs to which you have applied.

IV. Extra-curricular activities, athletic activities, volunteer or work experiences:

Please list the activities that have been most significant to you (list up to six).

Organization/Club/Position	Dates Involved (mm/yy – mm/yy)	How did you contribute/responsibilities

V. Honors/awards/achievements (list up to four):

Honor, Award or Achievement	Year	Describe

VI. Personal Statement: Explain how you became interested in the field of physical therapy

VII. Additional Information: What else would you like the scholarship committee to consider in evaluating your application? Include and personal information that would help in interpreting your academic record or understanding you as an individual.

VIII. Applicant’s Certification of Understanding

I certify that I have prepared this application and that all information it contains is true and accurate. All written essays are my own original work. I understand that if I am selected as the recipient of the Celebrate Cherie Scholarship that the Northern Virginia Community Foundation has my permission to announce this news in a press release, in publications and on the NVCF web site.

Student Signature

Date

Parent/Legal Guardian Signature (if under 18 years of age)

Date