

**UNIVERSITY OF WASHINGTON**  
SEATTLE, WASHINGTON 98195

*School of Medicine  
Department of Rehabilitation Medicine  
Division of Physical Therapy  
Box 356490*

March 2008

Dear Prospective Physical Therapy Student,

The Division of Physical Therapy, University of Washington, is pleased to announce the availability of the McGee Fellowship to be awarded to one incoming Doctor of Physical Therapy (DPT) student in September 2009. The McGee Fellowship awards \$5,000 each year for all three years of the DPT program, providing the recipient maintains good academic standing. The Fellowship is awarded based on both merit and financial need. If you are interested, please complete the enclosed application and return it to the address in my signature below by December 15, 2008. The Fellowship recipient will be selected and notified by the end of February 2009.

We are pleased to be able to offer this fellowship, the result of a very generous endowment from Maureen McGee, a former member of the faculty of the Division of Physical Therapy. We look forward to your application.

Sincerely,

Kevin McQuade, PT, PhD  
Chair, McGee Fellowship Award Committee  
Division of Physical Therapy  
Department of Rehabilitation Medicine  
Box 356490  
Seattle, WA 98195-6490

University of Washington  
Division of Physical Therapy

McGee Fellowship

**Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

*Instructions: Complete the following items thoroughly and accurately in the space provided.*

**Total Estimated Yearly Household Income for DPT Year 1** (from all sources before taxes)

Check appropriate space.

_____ 1,000 - 5,000	_____ 5,001 - 7,000	_____ 7,001 - 8,500	_____ 8,501 -10,000
_____ 10,001-12,500	_____ 12,501-15,000	_____ 15,001-17,500	_____ 17,501-20,000
_____ 20,001-22,500	_____ 22,500-25,000	_____ 25,001-30,000	_____ 30,001-35,000
_____ above 35,000			

**Persons Who Will Be Dependent on This Income**

Check all that apply.

\_\_\_\_\_ Self                      \_\_\_\_\_ Spouse                      \_\_\_\_\_ Children (indicate number)

\_\_\_\_\_ Other please describe:

**Anticipated Sources of Above Income**

Check all that apply.

_____ My job	_____ Personal savings	_____ Trust fund benefits
_____ My spouse's job	_____ Veterans' benefits	_____ Student loan
_____ Parents	_____ Social Security benefits	_____ Personal loan
_____ Other (list below)		

**Estimated Budget Expense Items for the First Three DPT Quarters**

	Quarter _____ Year _____	Quarter _____ Year _____	Quarter _____ Year _____
Tuition	\$ _____	\$ _____	\$ _____
Books	_____	_____	_____
Transportation	_____	_____	_____
Housing	_____	_____	_____
Utilities	_____	_____	_____
Food	_____	_____	_____
Car Loan Payments	_____	_____	_____
School Loan Payments	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____

The McGee Fellowship is awarded based on the strength of your application to the Physical Therapy program (including your relative ranking) **and** financial need. In the space below, please summarize your financial need.

**I attest that, to the best of my knowledge, all of the information that I have provided as part of this application is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date