

Cathi A. Thomas Award of Excellence and Merit Scholarship

Application

Biographical Information

Name:	E-mail	
Home Address Street: _____ _____ Town/City: _____ State: _____ Zip Code: _____	Home Phone	() _____
Work Address Organization: _____ Street: _____ _____ Town/City: _____ State: _____ Zip Code: _____	Work Phone	() _____

Healthcare Discipline (i.e. nursing, PT, etc.)

On a separate page, please provide your responses to the following questions:

1) Briefly describe your practice environment (facility, numbers and types of patients) and your role.

2) How do you envision using what you will learn at the Parkinson Disease Seminar for Health Care Professionals, in your daily practice?

Applicant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

