

Kentucky Physical Therapy Association, Inc Draper Loan Application

Last Name _____ First Name _____ M. I. _____

Current Mailing Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Cell () _____

E-Mail Address: _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Loan Request (please circle) \$10,000 \$7,500 \$5,000 \$2,500

Emergency Contact Name _____ Phone () _____

PT / PTA Program _____

Entry Date _____ Expected Graduation Date _____

Education History (begin with most recent)

College Attended Dates Attended Degree/Certificate

a. _____

b. _____

c. _____

Work Experience (begin with most recent)

Company Position Dates (from - to)

a. _____

b. _____

c. _____

Applicant Signature _____ Date _____

Please mail all paperwork required for loan consideration to:

Kentucky Physical Therapy Association, Inc
15847 Teal Road
Verona, KY 41092
PH 859-485-2812/Toll Free 800-482-5782/FAX 859-485-2813

Include with application:

- Proof of enrollment in accredited PT/PTA Program
- Proof of current APTA membership
- Letter of explanation for financial need
- Copy of previous year's tax return
- Copy of current credit report
- Copy of most recent school transcript