



**POOL &
HOT TUB**
ALLIANCE

2025 FELLOWSHIP PROGRAM APPLICATION

FELLOWSHIP PROGRAM APPLICATION INSTRUCTIONS

2025 PROGRAM YEAR

Seeking to improve public health by creating a safer aquatic environment and by attracting more people to aquatic exercise through education and research, the Fellowship Program exists to encourage and support graduate students and post-doctoral fellows who focus research in two areas associated with aquatic venues where water is treated to maintain a sanitary condition (e.g. swimming pools, spas/hot tubs, therapy pools, water parks, etc.):

1. Research to reduce the risk to people associated with, but not limited to, physical facility design, exposure to chemical or pathogenic contaminants, air quality, drowning, or entrapment, etc.
2. Research to investigate and document the positive health consequences of aquatic activities against maladies such as, but not limited to, high blood pressure, diabetes, obesity, heart disease, cancer, aging, physical therapy, arthritis, etc.

The following fellowship awards are available. Recipients of specific awards will be determined by PHTA after reviewing all applications.

- Board Fellowship (up to 2) \$2,000
- Foundation Fellowship (up to 8) \$1,000

To be considered for a fellowship, the applicant must be enrolled full-time and pursuing an advanced academic degree or a post-doctoral researcher at an academic institution and submit a completed application package.

FELLOWSHIP APPLICATION PACKAGE REQUIREMENTS

Consideration will not be given to incomplete application packages.

- ☐ 1. A biographical sketch of the applicant (less than 300 words)
- ☐ 2. A complete résumé or curriculum vitae of the applicant, including extracurricular activities, awards, publications, abstracts, lectures, patents, etc.
- ☐ 3. A high-resolution (1MB file size or larger) digital photo of the applicant
- ☐ 4. A typed paper of between 1,500 and 2,500 words describing the applicant's research program and describing how that research relates to either of the two focus areas described in the header above
- ☐ 5. A bibliography of no more than ten publications from the applicant, applicant's major advisor, or the advisor's research group that relates to the focus areas
- ☐ 6. Two letters of recommendation from references familiar with applicant's professional abilities. Preferably one letter should come from the Major Advisor
- ☐ 7. Official academic transcript(s) from current academic institution and previous official/stamped college and university transcripts

DEADLINE: To be considered for the 2025-2026 academic year, the complete application package must be received no later than Monday, July 14, 2025.

AWARD NOTIFICATION: Although there is no limit on the number of awards an applicant may receive, preference will be given to first-time recipients. Awards will be paid in two installments (fall and spring semester) when award recipients demonstrate enrollment. Fellowship recipients will be notified no later than August 1, 2025.

APPLICATION PACKAGE SUBMISSION

Submit the entire application package in one (1) correspondence via post or email to the following:

PHTA Fellowship Program | 1650 King Street, Suite 602 | Alexandria, VA 22314 | awards@phta.org

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2025 PROGRAM YEAR

APPLICANT INFORMATION

Please type all information

Full Name of Applicant _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip Code _____
Home Telephone _____ E-Mail Address (Home) _____
College/University _____
Department _____
School Address _____
City _____ State _____ Zip Code _____
E-Mail Address (School) _____
Name of Major Advisor _____
Anticipated Graduation Date _____
Degree _____
To which address should correspondence be sent? ☐ Home ☐ School
Intended Career Path _____

EDUCATIONAL INFORMATION

(list all post high school academic institutions. Use an additional page if needed)

Name of School _____
Major & Advisor (if applicable) _____
Address _____
City _____ State _____ Zip Code _____
Telephone No. _____ Graduation Date/Degree _____
Name of School _____
Major & Advisor (if applicable) _____
Address _____
City _____ State _____ Zip Code _____
Telephone No. _____ Graduation Date/Degree _____

Applicant Signature _____ Date _____

By signing, the applicant attests to the accuracy of the information, agrees to the terms and conditions of the program, and releases use of applicant's name, photograph, biographical information, and/or research information in publications and/or promotional information. Applicants must be at least 18 years old.

SUBMIT FORM

PRINT FORM

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