



2024 FELLOWSHIP

PROGRAM APPLICATION

FELLOWSHIP PROGRAM APPLICATION INSTRUCTIONS

2024 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 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 2024-2025 academic year, the complete application package must be received no later than Monday, September 16, 2024.

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 September 30, 2024.

APPLICATION PACKAGE SUBMISSION

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

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

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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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