



Pedorthic Foundation  
N7540 Edgewater Dr.  
Beaver Dam, WI 53916  
Phone: 443-622-4724  
Info@pedorthicfoundation.org

## PEDORTHIC FOUNDATION SCHOLARSHIP APPLICATION

This is the application for all scholarships awarded by the Pedorthic Foundation (PF), except for the Heather Moore Bernard (HMB) Scholarship Fund. For additional information on all available scholarships or procedures and policies for awarding scholarships, go to [www.pedorthicfoundation.org](http://www.pedorthicfoundation.org). Send questions or comments to [info@pedorthicfoundation.org](mailto:info@pedorthicfoundation.org) or call the PF at the above number.

Email or mail your completed application to the address above. Limit individual answers to 250 words or less. If an answer requires more space than this form provides, attach additional sheets as needed.

### Section I - General Information

Applicants must be over 18 years of age and citizens of the USA, or have legal status in the USA, and agree to practice pedorthics in the USA.

Applicant Name: \_\_\_\_\_

Credentials (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Section II - Background, Including Education (Information may be attached on a separate sheet.)

1. Describe activities and skills you have relating to pedorthics: \_\_\_\_\_

\_\_\_\_\_

2. Brief description of your employment background including any work experience in footwear or foot care industry: \_\_\_\_\_

\_\_\_\_\_

3. List schools or courses you have attended, as well as certificates, degree(s) obtained and date obtained. Applicants must have high school diploma or its equivalent. Give most recent first.

School or Course	Area of Study	Degree	Year
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\_\_\_\_\_

4. List awards, honors or special achievements you have received:

\_\_\_\_\_

5. Describe any activities or programs you have undertaken or in which you were involved that are relevant to your education in pedorthics:

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6. Letters of recommendation. Please attach a minimum of two letters of recommendation, but no more than four. Letters should be from multiple sources, such as employers, teachers or co-workers. Do not submit recommendations from relatives.

### **Section III - Your Plans for the Future**

1. Do you plan on becoming a certified or licensed pedorthist? \_\_\_ Yes \_\_\_ No
2. Do you plan to practice as a pedorthist only or to combine pedorthics with other credentials?  
\_\_\_ Pedorthist Only \_\_\_ Other Explain: \_\_\_\_\_
3. How/where do you plan on practicing? Possibilities include: in a pedorthic or O&P facility, in a clinic or hospital, in an educational facility or in a shoe store or department.

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### **Section IV - Your Pedorthic Education Plans** (Information may be attached on a separate sheet.)

1. If you are applying for a specific scholarship offered by the Pedorthic Foundation, please list which one (or ones) you are applying for. See list of Scholarships available on our web site.
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2. Describe your pedorthic education plans. Specifically, which schools and dates would you like to attend? If your plans are flexible, please state so.
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3. Why are you applying for an educational scholarship from the Pedorthic Foundation?
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4. Please provide any other information that would be helpful to the Selection Committee in evaluating your application especially outlining why you merit the scholarship committee awarding you a scholarship.
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### **Section V - Attestation**

I hereby attest that all the information provided is truthful and factual.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_