

## **SHarP Scholar Program**

Application for Guaranteed Admission  
University of Missouri, Department of Physical Therapy

### General Information

The Department of Physical Therapy offers a guaranteed admission option for high school seniors and first semester freshmen. Students selected as SHarP Scholars, who remain in good standing, are guaranteed a position in the PT program upon satisfactory completion of the undergraduate degree and successful completion of the requirements for admission to the program.

### Eligibility Requirements for the SHarP Scholar Program:

- Minimum of 30 composite ACT score (1330 SAT)
- Rank in the top 10% of high school class at time of application (if applicable)
- Completed application must be submitted prior to November 15<sup>th</sup> for first year freshmen or high school seniors
- Four hours of physical therapy observation must be completed and verification must be included with the application
- Interview with Physical Therapy program

\*\*Acceptance of SHarP Scholar status is conditional upon acceptance to the University of Missouri

\*\*Meeting the eligibility criteria does not guarantee acceptance as a SHarP Scholar. The Department of Physical Therapy has a cap on the number of SHarP Scholar positions available each year and many excellent candidates cannot be offered a SHarP Scholar position.

### Maintaining SHarP Scholar Status Requires:

- Continuous enrollment (excluding summers) at MU
- Maintain an MU cumulative GPA of 3.5
- Minimum of a B grade in each core required courses
- Comply with the academic and behavioral standards established for pre-professional students (i.e.: core required courses, additional observation hours, completion of GRE)
- Strongly encouraged active participation in the Pre-Professional Physical Therapy Organization

\*\*Failure to meet any of these requirements will result in loss of SHarP Scholar status. Students who lose their SHarP Scholar status may be eligible to apply to the PT program via Regular Admission

## **Application Instructions:**

### **Student**

- Complete the application including the essay and the verification of observation hours. Fill out the top portion of the Guidance Counselor/Principal Recommendation form. Submit all materials to your Guidance Counselor/Principal who will be responsible for actual submission of the application.

### **Guidance Counselor/Principal**

- Complete the recommendation form and gather the needed application materials (transcripts, test scores).
- Guidance Counselor/Principal must submit a copy of the official transcript and a report of the ACT/SAT scores.
- Guidance Counselor/Principal will scan all documents into a pdf and submit the completed application to the Department of Physical Therapy at this e-mail address:

[briedwellt@health.missouri.edu](mailto:briedwellt@health.missouri.edu)

#### **Required Documents:**

- Student application, essay and verification of observation hours
- Guidance Counselor/Principal recommendation
- Copy of official transcript with ACT/SAT scores
- **Only completed applications received by the November 15<sup>th</sup> deadline will be considered.**

Please feel free to contact Teresa Briedwell at the above e-mail or Bev Denbigh at [denbighb@health.missouri.edu](mailto:denbighb@health.missouri.edu) for more information or assistance with this process.

**SHarP Scholar's Application – Physical Therapy**

Candidate's Name \_\_\_\_\_  
(Last First Middle)

Permanent Address \_\_\_\_\_  
(Street & Number City State Zip)

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

**List in order all high schools attended:**

Dates of Attendance, Anticipated Graduation and Location (City, State)

Current \_\_\_\_\_

Previous \_\_\_\_\_

List high school courses taken that were Honors Courses

\_\_\_\_\_  
\_\_\_\_\_

Have you taken college courses while in high school? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, indicate the institution, courses, and grades received:

\_\_\_\_\_

School Activities:

\_\_\_\_\_

Other Activities (Community, Church, Employment, Medically-Related, Etc.):

\_\_\_\_\_

Honors Received

\_\_\_\_\_

\_\_\_\_\_

***Essay prompt: In the space below, please discuss how you developed a personal interest in physical therapy.***

**Documentation of Observation**  
(minimum of (4) hours required)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number of Hours of Observation completed \_\_\_\_\_

Clinician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY OF MISSOURI  
DEPARTMENT OF PHYSICAL THERAPY  
SHarP SCHOLARS PROGRAM  
GUIDANCE COUNSELOR/PRINCIPAL RECOMMENDATION**

Candidate's Name \_\_\_\_\_  
Last First Middle

**To be completed by the candidate (please sign A or B):**

A. I hereby waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature Date

B. I decline to waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature Date

*\*The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, should the applicant wish, he/she will be entitled to inspect all records kept by the School of Health Professions, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.*

Guidance Counselor/Principal's Name \_\_\_\_\_

Title \_\_\_\_\_  
(Please Print)

High School Name \_\_\_\_\_

Grade point average to date is \_\_\_\_\_ based on a scale with A = \_\_\_\_\_

The candidate's rank is \_\_\_\_\_ \* in a class of \_\_\_\_\_ students.

*\*If no rank is available, please enclose information which allows the faculty to assess the candidate's academic strength in relation to fellow students.*

**GUIDANCE COUNSELOR'S/PRINCIPAL'S REPORT**

Candidate's Name \_\_\_\_\_

Please write a brief appraisal of the candidate's academic standing, personal qualities and potential as a candidate for the SHarP Scholars Program. We are particularly interested in the student's character, maturity, independence, and values.

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited for a professional career? (Circle the appropriate number).

1 2 3 4 5 6

(1=Marginal; 3=Average; 6=Outstanding)

Signed \_\_\_\_\_ Date \_\_\_\_\_