**General Information**

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| --- | --- |
| Name |  |
| Telephone |  |
| E-mail Address (permanent email address, not school email) |  |
| Mailing Address(address to mail check on October 1st) |  |
| College or University |  |
| Dates Enrolled |  |
| Other Colleges (dates, majors, degrees) |  |

**Occupational Therapy Experience**

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| **Name of organization or agency, location**  | **Describe your duties** | **Paid, Volunteer****or School Credit** | **# of hours** |
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**About You**

1. **Describe your decision to select occupational therapy as a profession (250-word maximum)**

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| *[Text boxes expand]* |

1. **What area of practice interest you the most at this time? Please explain why and what you would do to prepare for this area of practice. (200-word maximum)**

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1. **Describe how you have already contributed to the profession of occupational therapy (if applicable), and how you plan to contribute after graduation (150-word maximum)**

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1. **Describe how you would use this scholarship (150-word maximum)**

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1. **Additional comments (100-word maximum)**

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Check that the following are included in your packet of information:

* Completed application
* California residency documents -CA driver’s license of CA id
* OTAC member (copy of membership card)
* References (2 letters, at least 1 academic)
* Verification that one term of OT school completed with minimum 3.0 GPA (official or unofficial transcript, or letter from academic advisor OR part of the academic reference letter
* All forms/documents/references merged into one PDF file and named as follows: LASTNAME-FIRSTNAME-Entry-level masters scholarship

Please submit to:

Scholarships@cfot.org

Applicant’s Signature/Date: