**General Information**

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| E-mail Address (permanent email address, not school email) |  |
| Mailing Address  (address to mail check on October 1st) |  |
| Permanent Address |  |
| 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. **Please write a brief statement of your purpose for seeking post-graduate education. Include your long-range career goals and indicate how your post-graduate work will benefit the communities served by occupational therapy. (600-word maximum)**

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| --- |
| *[Text boxes expand]* |

1. **In what way will this scholarship be of assistance to you? (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
* 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-Post-professional OTD level scholarship

***Please submit to:*** [***Scholarships@cfot.org***](mailto:Scholarships@cfot.org)

Applicant’s Signature/Date: