**MiOTA Scholarship Application**

# Application Deadline January 15, 2019

**DEMOGRAPHIC DATA:**

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program in which you are currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Attach a Current Resume or Curriculum Vitae (CV) that includes the following activities, noting any leadership positions under each category:**

* **Education**
* **Fieldwork Education to date**
* **Employment/Work History**
* **Volunteer Work/ Community Organization involvement**
* **Academic and Professional Organization Membership with membership numbers if applicable**
* **Honors/Awards/Scholarships**
* **Certifications**

**Please answer the following application questions:**

1. Describe your professional goals. Explain what you would like to be doing professionally in five years:
2. Describe a leadership experience in which you made a difference on campus, or in your community:
3. Describe a specific activity or experience that has been important in clarifying or strengthening your commitment to the field of Occupational Therapy:
4. Explain why you feel you are an excellent candidate to receive this scholarship:
5. How do you envision getting involved and giving back to your community, your profession and your program/college after graduation?
6. Other information (not already addressed in the application) that you would like the MiOTA scholarship review committee to consider:

**AUTHORIZATION AND SIGNATURE:**

*I understand that I must have a* ***3.0 GPA*** *or higher and that all information that I have included in this application is accurate. If selected for this scholarship, I understand my obligation to volunteer 20 hours of my time to MiOTA. By my signature below; I give MiOTA permission to release the award information to the appropriate institutions/organizations for publicity purposes.*

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please submit to:*

*Office@miota.org*

*OR*

*Michigan Occupational Therapy Association*

***124 W. Allegan Street, Suite 1900***

***Lansing MI 48933***