



VOTA STUDENT SCHOLARSHIP APPLICATION FORM

DEADLINE FOR RECEIPT OF APPLICATION – May 15, 2020

Please review criteria for student scholarships disseminated with this form. Questions or requests for additional forms can be directed to VOTA via e-mail: scooter_brandy@hotmail.com (space is an underscore)with the subject line “VOTA Scholarship”.

Applications must be delivered electronically to: scooter_brandy@hotmail.com (space is an underscore) with the subject line “VOTA Scholarship”. . You will receive an e-mail acknowledging the receipt of your application. **Please note, your application will not be considered until receipt of the faculty endorsement form and accompanied by a faculty letter of support/letter of recommendation, which must be submitted by a faculty member by the deadline listed above.

Required Components:

- Completed Student Scholarship Application Form/2-3 page essay
- Faculty Endorsement Form submitted by faculty member
- Faculty letter of support/recommendation (up to two letters will be considered)

Part I

Applicant Name:	Date:
Phone & E-mail:	Address:
Degree Program (i.e. OT, OTA):	College/University:
Current GPA:	# Years VOTA Member:
Applying for: <input type="checkbox"/> OT Graduate Scholarships <input type="checkbox"/> OTA Scholarship	<input type="checkbox"/> Please also consider me for the Barbara Howard Scholarship open to both OT and OTA students.

Part II- On the following pages, please write a 2-3 page essay which address the following questions related to your current role as an OT student and your professional potential as an OTR or OTA.

- a) Why did you choose OT?
- b) What Community/Volunteer Activities have you participated in during your time as an OT student?
- c) Please describe any Leadership Experience you have, specifically experience that has occurred during your time in the OT/OTA program.
- d) What Extracurricular Activities have you been involved in?
- e) What Personal Qualities do you possess that make you a good candidate for this award?
- f) What has been your role in professional organizations such as VOTA, AOTA or SOTA?
- g) What are your goals as a future OT/OTA?
- h) Do you have Financial Need that you wish us to consider in reviewing your application?

Applicant Name _____

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Essay