# Department of Occupational Therapy General Scholarship Fund

**Background:** The Department of Occupational Therapy General Scholarship Fund Award is available to a graduate occupational therapy student currently enrolled in an occupational therapy program at the NSU Ft. Lauderdale or Tampa campus. The student must have completed at least two full terms in the respective program. Student must demonstrate leadership and professional development interests and engagement while in the program. Student must exemplify the values and vision of the occupational therapy profession.

Award Amount: two awards of \$500.00/year

**Deadline: March 15** 

#### **Eligibility:**

Student enrolled in any of the occupational therapy program at NSU (OTD, DrOT, and PhD). Must have completed at least two terms in their respective program.

#### **Requirements:**

- Currently enrolled in an OT program at NSU.
- Good academic standing at NSU.
- Completed at least 2 semesters of the program in which he/she is enrolled.
- Demonstrate consistent professional behavior expected of an OT student.
- Demonstrated interest and engagement in activities that support leadership and professional development in occupational therapy.
- Exemplifies the values and vision of occupational therapy profession.

#### **Submit Application to:**

<u>Dr. Tamara Pinchevsky-Font</u> <u>pinchevs@nova.edu</u>

## Department of Occupational Therapy General Scholarship Fund Application

| Personal Informa                          | ation:                       |                                |  |
|---|------------------------------|--------------------------------|--|
| Applicant Name:                           |                              |                                |  |
| Current Address:                          |                              |                                |  |
| City:                                     | State:                       | Zip Code                       |  |
| Mobile Phone:                             | Email:                       |                                |  |
| NSU Student ID# N_                        | Year of Entry                | into OT Program                |  |
| Information:                              |                              |                                |  |
| support. Letters of re (pinchevs@nova.edu | commendation should be so    | ent directly to <i>Dr. Tam</i> | letters of recommentdation or nara Pinchevsky-Font  n you have been involved since |
| Organization                              | Activity                     | Role                           | Date of Involvement  |
| O I Sum Lucion                            | rectivity                    | Kolc                           | Date of involvement  |
|   |                              |                                |  |
|   |                              |                                |  |
| b. List and briefly des                   | scribe any professional devo | elopment activities in         | which you have participated.   |
| Organization                              | Topic                        | Mentor                         | Dates of Involvement   |
|   |                              |                                |  |
|   |                              |                                |  |

- **c.** <u>Essay:</u> Applicant must provide an essay of 500 words or less. Essay should address ways in which the student qualifies for the scholarship, highlighting leadership and professional development and how they exemplify the vision and values of occupational therapy. The applicant should describe how he/ she would use the funds to contribute to his/her professional development and the profession.
- d. (Optional) Is there any other information that we should know about you? This is your opportunity to provide information that is not contained in other areas of the application. Please be specific.

### **Applicant Certification:**

| I hereby certify that all of the information provided in this application is complete and true to the best of |
|---|
| my knowledge. I hereby grant permission to the Scholarship Committee to contact my references and to          |
| use my name and photograph in promotional materials in the event that I am selected to receive a              |
| scholarship award.  |

| Signature of Applicant: |  |  |  |
|-------------------------|--|--|--|
| <b>5</b> .1.            |  |  |  |
| Date:                   |  |  |  |