

# 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:**

[Dr. Tamara Pinchevsky-Font  
pinchevs@nova.edu](mailto:pinchevs@nova.edu)

# Department of Occupational Therapy General Scholarship Fund Application

## Personal Information:

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NSU Student ID# N \_\_\_\_\_ Year of Entry into OT Program \_\_\_\_\_

## Information:

**Letter of Recommendation:** At least one letter of recommendation from an NSU faculty member or from an individual, agency or community group, supporting the attributes possessed by the applicant or activities which the applicant engaged that are commensurate with the purpose of the scholarship.

Please provide the name(s) of those individuals who will be forwarding letters of recommendation or support. Letters of recommendation should be sent directly to **Dr. Tamara Pinchevsky-Font** (pinchevs@nova.edu).

**a. List and briefly describe volunteer and leadership activities in which you have been involved since enrollment at NSU.**

Organization	Activity	Role	Date of Involvement

**b. List and briefly describe any professional development activities in which you have participated.**

Organization	Topic	Mentor	Dates of Involvement

**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:** \_\_\_\_\_

**Date:** \_\_\_\_\_