



Sandra B. Dunbar Occupational Therapy Scholarship

Personal Information:

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip Code _____

Mobile Phone: _____ Email: _____

NSU Student ID# N _____ Year of Entry into OT Program _____

Academic Information:

Current NSU Cumulative GPA: _____

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. Rebecca Estes (see contact info below).

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

c. **Essay:** 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/or service to the profession or the community. 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: _____

Date: _____