

Occupational Therapy Scholarship

This Scholarship was established by the Wisconsin Paralyzed Veterans of America to recognize the unique contribution that occupational therapy has had on our lives, teaching us how to live independently after suffering the devastating effects of a spinal Cord Injury. This Scholarship was established to provide a continuity of care to Spinal cord Injured, through scholarships to Occupational Therapy students.

The Wisconsin Paralyzed Veterans of America (WPVA) is pleased to announce our annual Occupational Therapy Scholarship Award. This **\$1000 scholarship** will be offered to senior O.T. students enrolled in an accredited Occupational Therapy Program. In return, WPVA asks that the recipient seek employment in a Spinal Cord Injury Unit or in a Rehabilitation facility for one (1) Year, to be completed within a three (3) year period after graduation.

To apply for the scholarship you must meet the following Criteria:

- A. Be a senior in an accredited Occupational Therapy program.
- B. Attending a Wisconsin based University or Occupational Therapy training program.
- C. Demonstrate a need for financial aid.
- D. Be willing to seek employment in a Spinal Cord Injury Unit or Rehabilitation Facility.
- E. Complete the application by the deadline given.

OCCUPATIONAL THERAPY SCHOLARSHIP APPLICATION

NAME _____

CURRENT ADDRESS _____

PERMANENT ADDRESS _____

CITY/STATE/ZIP: _____

TELEPHONE #HOME: _____
WORK: _____

SCHOOL _____

DATE OF ESTIMATED GRADUATION: _____

APPROXIMATE GPA (USING 4.0 SCALE): _____

MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____

RECORD OF EMPLOYMENT

<u>Name of Company</u>	<u>From/To</u>	<u>Job Description</u>
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1.

2.

3.

COMMUNITY INVOLVEMENT OR ACTIVITIES: _____

SCHOOL EXTRACURRICULAR ACTIVITIES: _____

BRIEFLY EXPLAIN YOUR PLANS FOR FINANCING YOUR EDUCATION, AND YOUR NEED FOR THE SCHOLARSHIP.

ADDITIONAL COMMENTS YOU MAY WISH TO OFFER FOR USE IN EVALUATING YOUR APPLICATION: INCLUDE YOUR LONG TERM GOALS AND OBJECTIVES: _____

SUPPLY TWO LETTERS OF REFERENCE WITH YOUR APPLICATION. REFERENCES SHOULD BE PEOPLE FAMILIAR WITH YOUR SCHOLASTIC ACHIEVEMENT, WORK PERFORMANCE, AND/OR BOTH. (FAMILY MEMBERS NOT ACCEPTED AS REFERENCES). COMMENTS SHOULD INCLUDE YOUR ACADEMIC PERFORMANCE, LEADERSHIP, CAREER POTENTIAL, AND ANY OTHER COMMENTS REGARDING YOUR WORTHINESS OF THIS AWARD.

I hereby certify that all information given is true and correct:

(Signature)

(Date)

ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR SCREENING PURPOSES ONLY. RECIPIENTS WILL BE NOTIFIED BY MAIL