# NOTA Scholarship Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Education: | [ ] COTA [ ] MS/MA [ ] OTD (entry) [ ] OTD (post-professional) [ ] PhD [ ] Other: |
| Current program enrolled in: (will require verification) |  |

## Criteria

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| 1. A NOTA membership is required to apply for the scholarship. If you are not already a member please visit <https://nota.wildapricot.org/join-us> to become a member prior to submitting the scholarship application.
2. How have you been involved with NOTA and/or AOTA events?
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| 1. Describe your experience/s:
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| --- | --- | --- |
| 1. Currently enrolled full-time in an accredited program?
 | YES[ ]  | NO[ ]  |
| **Or** Enrolled in post-professional OTD/PhD?  | YES[ ]  | NO[ ]  |
| University/College: |  | Address: |  |
|  |  |  |  |

1. Attach essay with prompt (less than 500 words): NOTA seeks to advance the profession and practice of occupational therapy and strives to further educational opportunities. Please describe how this award will assist you in reaching your academic/professional goals. Please provide as may specifics in your response as needed.
2. Submit scholarship application no later than **March 8, 2019, 11:59PM PST by emailing nevadaota@gmail.com**
3. ***NOTA board members & full-time teaching faculty are ineligible to apply or receive scholarship.***

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to obtaining a scholarship, I understand that I will be featured and will share my scholarship details on the NOTA website and on other social media.*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |