

N . Y . S . B . O . T . C .
DELORES B. CHANDLER SCHOLARSHIP APPLICATION

Date _____

I. PERSONAL INFORMATION

Name _____
Last First Middle

Current Address _____
Street City State Zip

Telephone _____ Date of Birth _____ M ____ F ____
(Area Code)

Permanent Address _____
Street City State Zip

Telephone _____ Permanent E-mail Address _____
(Area Code)

School currently attending _____ Program Type: OT ____ OTA ____

Status in OT Program _____
(1st year, 2nd year, etc.)

2. VIDEO ESSAY

Submit a video essay of **no more** than 2-3 mins including: a) what led you to choose this field,
b) your career goals and aspirations, and c) a description of your Community involvement.

3. REFERENCES

Letters of recommendation can be submitted with the application or can be emailed directly by
recommender in PDF format to nysbotc1@gmail.com. One letter must be from an occupational therapy
faculty member and the other a non-family member.

(A) Occupational Therapy faculty member

Name _____ Position _____

College/University _____ Telephone _____

Mailing Address _____

(B) Other reference

Name _____ Position _____

Relationship to applicant _____ Telephone _____

Mailing Address _____

4. TRANSCRIPT

Please include a current unofficial transcript.