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.

1. **Occupational Therapy faculty member**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Other reference**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. TRANSCRIPT**

Please include a current unofficial transcript.

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

**Date**

**I. PERSONAL INFORMATION**

Name