Each year, MOTA accepts applications from its student members for a merit-based scholarship. The scholarship award is given to those MOTA students who are in good academic standing; have demonstrated through hands on experience (fieldwork, volunteering or paid employment) knowledge of occupational therapy services; and can articulate and discuss his/her commitment to professional development and growth.

Candidates must either be (1) enrolled full-time in a Maryland college or university occupational therapy degree program or (2) a Maryland resident who has the intent to work in Maryland but is enrolled in an out-of-state, accredited occupational therapy degree program. All applicants must have had at least one term or semester of OT or OTA course work completed before applying.

Scholarships are awarded based upon the following:

* Academic performance
* Hands on experience related to OT service delivery
* Commitment to professional development and leadership

The Application DEADLINE is October 14, 2022. Scholarship winners will be notified the week of November 1, 2022

**Instructions: Follow these guidelines. *Incomplete applications will not be considered.***

1. Verify that you are an active MOTA member by obtaining your membership ID number. Log onto the website, motamembers.org, and click “Membership” then “Manage Account”
2. Arrange to have a recent, official transcript sent by your college/university Registrar to the address below. The transcript must show you have completed at least one term of course work and report your GPA as of the most recent term. Applicants presenting a GPA of 3.0 or higher will receive primary consideration.
3. Candidates who are enrolled in an out-of-state OTA or OT ACOTE accredited program must include a valid and current official document substantiating full-time Maryland residency, such as the Maryland Income Tax Form. A signed statement of intent to reside in Maryland post-graduation must accompany the document.
4. Secure one professional reference to be emailed, faxed or mailed to the address below. The reference should address the applicant’s academic achievement and skills related to the potential as an occupational therapy practitioner and/or professional leadership.
	1. The documents must bear an original signature or e-signature.
	2. Reference must be from a faculty member of the OTA/OT program you are attending OR an occupational therapy practitioner or a person who is knowledgeable about occupational therapy and holds a position of authority in an organization, in which you volunteered, had paid employment, or completed a fieldwork rotation.
	3. References from family and/or immediate household or domestic partners will not be accepted.
5. Complete the application in its entirety. Ensure that the four page application and all supporting documents are sent or faxed to the address below. Unsigned or illegible applications will not be considered. Keep a copy for your records. No submissions will be returned.

By Mail: By Fax: By Email:

Jennifer Wingrat (410) 704-2322 jwingrat@towson.edu

8000 York Rd

Towson MD 21252

**Section 1**: ***Personal Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTA ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the names of the individuals who will be submitting your references:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**: ***Educational Background***

Degree being pursued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/university where you are a full-time OT/OTA student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/university student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation (mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester cost of tuition, books, and fees to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other colleges/universities attended (dates, majors, awarded degrees):

|  |
| --- |
|  |

**Section 3**: ***Narrative***

On the following pages, compose a typed essay, 2 pages max, which addresses the points below. Please format the pages using 1” margins; 1.0 line spacing; and size 11 or 12 font.

* What have been your health-related experiences to date (mention dates, facilities/agencies, your position/description, if volunteer or paid)?
* Tell us about the personal significance of these experiences. How have they impacted you?

In what ways have they helped you?

* What do you hope to achieve as an occupational therapist/occupational therapy assistant?
* Explain how professionalism is important to you. Elaborate on your activities that have helped develop your professionalism (that is, attended conferences or educational events outside of your academic program, participated in AOTA sponsored events such as Capitol Hill Day, volunteered at the MOTA conference, etc.).
* Why do you deserve the scholarship monies?

Page 1 of 2

***- Insert Narrative here, 2 pages max-***

Page 2 of 2

**Section 4**: ***Bursar Information***

If chosen, the name and address of the college representative to whom the check should be sent is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My account number to reference is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Section 5**: ***Student Scholarship Application Agreement***

In applying for a MOTA Scholarship, you are acknowledging the following statements are true:

* Decisions regarding the recipients of the award(s) are made by the MOTA Scholarship Committee and all decisions are final.
* No set monetary amount or number of recipients is guaranteed.
* The information submitted in this application is complete and correct to the best of knowledge.
* I understand this is only an application and does not guarantee a MOTA student scholarship.
* Knowingly providing false information will disqualify me from the MOTA Student Scholarship.
* To receive the scholarship monies, I must be a current MOTA member and enrolled and in good standing in an accredited ACOTE OT/OTA program.
* I am worthy of receiving scholarship monies based on merit.
* I will use the scholarship monies for pursuing my educational OT/OTA goal.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_