

**School of Health Sciences
OCCUPATIONAL THERAPY PROGRAM**

SCHOLARSHIP APPLICATION

Application Instructions: Complete application and student essay and submit both to: Donna Heine, 357 Marshall Building.

Application Deadline: _____

PLEASE PRINT

Name of Scholarship you are applying for:

(Individual application forms must be filled out for each scholarship).

GENERAL INFORMATION

E Student ID#	Social Security #	EMU GPA (MOT, include all OT courses)
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Last Name	First	M.I.
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Current OT Semester	Email Address
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Permanent Address	()	-	Phone Number
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City	State	Zip Code
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Local Address (if different than above)	()	-	Phone Number
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City	State	Zip Code
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Essay: To be completed by all applicants. Please attach a short (500 words, double spaced, 12 pt font) essay explaining why you feel you should receive the _____ scholarship. Be sure to explain any special situation, career/educational goals, or specific comments on your academic background or talents that would merit this award (refer to *specific scholarship criteria*)

Student Signature	Date
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