



2010 Scholarship Opportunities

Jean Stephan Smith Memorial Scholarship

\$1,250 Awarded to a Master's program entry level full time student

Post-Professional Scholarship

\$1,000 Awarded to a current occupational therapist enrolled in a post-professional program (part-time or full-time)

OT Assistant Scholarship

\$750 Awarded to a full-time student in an Occupational Therapy Assistant (OTA) program within the state of Kentucky

Academic/Professional Requirements for KOTF Scholarships

- Demonstrate outstanding scholastic achievement (3.0 or higher GPA)
- Demonstrate a record of leadership, service, and membership in student and professional Occupational Therapy organizations including, but not limited to KOTA, AOTA, SOTA, etc.
- Currently enrolled in a higher education program in the state of Kentucky
- Current student member of KOTA

Application Requirements

Applicants should submit the completed application package with the following supporting data:

- KOTF Scholarship Application Form
- Two sealed letters of reference (can be sent with application packet or separately)
- Personal essay – 1" margins, 12 point font, double-spaced, and maximum of three pages. This essay should reflect your desire to be in the OT field, commitments and leadership within the field so far, why you seek this scholarship and/or other information you wish to share with the scholarship committee
- Official transcript
- Copy of KOTA membership card

Submit application and supporting documentation postmarked by June 1, 2010. Application packets will not be returned to applicants. Decisions will be made by August 1, 2010.

Send completed application to:

KOTF Scholarship Committee
PO Box 910486
Lexington, KY 40591-0486

Should you have any questions, please contact, Ericka Harney, KOTF President at ericka_harney@hotmail.com



KOTF Scholarship Application Form

Please complete this form and mail completed application packet by **June 1, 2010** to:

KOTF Scholarship Committee
P.O. Box 910486
Lexington, KY 40591-0486

Name _____

Mailing Address

Phone number _____

E-mail address _____

Scholarship you are applying for: _____

KY Occupational Therapy License Number (if applicable) _____

Expected Graduation Date _____

School you will be/are attending _____

All scholarship recipients may be asked to provide social security number for tax purposes of reporting the scholarships and photo for inclusion on the website.