

Maryland Occupational Therapy Association
2020 Henrietta Price Scholarship Application



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 their 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 16, 2020. Scholarship winners will be notified the week of October 26, 2020.

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

1. MOTA member verification will be through the MOTA website Member Directory. Log onto the website, motamembers.org, and click "Manage Account" and make sure you are visible in the Directory.
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 ACOTE accredited OT or OTA 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 two professional references to be emailed, faxed or mailed to the address below. Both references should address the applicant's academic achievement and skills related to the potential as an occupational therapy practitioner and/or professional leadership.
 - a. The documents must bear an original signature or e-signature.
 - b. Reference #1 must be from a faculty member of the OTA/OT program you are attending.
 - c. Reference #2 should be 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.
 - d. References from family and/or immediate household or domestic partners will not be accepted.
5. Complete the application in its entirety. Ensure that the application and all supporting documents are sent, faxed or emailed 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:
Derek Piggott
8000 York Rd
Towson MD 21252

By Fax:
(410) 704-2322

By Email (preferred method):
dpiggott@towson.edu

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Section 1: Personal Information

Name: _____ Email Address: _____
Mailing 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: _____
Educational institution where you are a full-time OT or OTA student: _____
Student ID #: _____ Date Enrolled (mm/yyyy): _____
Cumulative GPA: _____ Anticipated Graduation (mm/yyyy): _____
Semester cost of tuition, books, and fees to you: _____
List other colleges or universities attended (dates, majors, awarded degrees):

Section 3: Narrative

On the following pages, compose a typed essay, 8000 characters max (approx. 2 pages), which addresses the points below.

- 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?

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Type narrative here – 8000 characters max

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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 Henrietta Price 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 Henrietta Price Scholarship.
- Knowingly providing false information will disqualify me from the MOTA Henrietta Price Scholarship.
- To receive the scholarship monies, I must be a current MOTA member and enrolled and in good standing in an ACOTE accredited OT or OTA program.
- I am worthy of receiving scholarship monies based on merit.
- I will use the scholarship monies for pursuing my OT or OTA education.

Signature of Applicant: _____ Date: _____