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| **ALOTA Student Scholarship** |

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| Name: |
| Address: |
| Phone number:  |
| School attended:  |
| Person nominating (if applicable):  |

\*\*You must provide proof of ALOTA membership when submitting your application (i.e. receipt)

List Professional Activities (OT month, CEU courses):

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List Community Service Activities (OT and non OT related):

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List Association Involvement (such as ALOTA, AOTA, SOTA including membership and positions held):

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Please submit this form and the Professional Development Form to toconnor@southalabama.edu by Feb 6, 2019