

**ILLINOIS ELKS
CHILDREN'S CARE CORPORATION**

**2018-2019 PHYSICAL OR OCCUPATIONAL
THERAPY ASSISTANT APPLICATION**

**QUALIFICATIONS, REQUIREMENTS, AND SUBMITTING
APPLICATION**

(APPLICATION OVER VIEW)

This is a **COMPETITIVE SCHOLARSHIP PROGRAM** for students currently enrolled in/or planning on entering the physical or occupational therapy assistant fields. This is an open scholarship program. No current or past affiliation with the Benevolent and Protective Order of Elks is required.

QUALIFICATIONS:

- 1 **YOU MUST BE A LEGAL RESIDENT OF ILLINOIS OR THE BORDER AREA OF A NEIGHBORING STATE UNDER THE JURISDICTION OF AN ILLINOIS ELKS LODGE. IF YOU CLAIM BORDER AREA RESIDENCY, CONTACT THE CHILDREN'S CARE CORPORATION OFFICE BEFORE PROCEEDING WITH APPLICATION. IF YOU HAVE RECENTLY MARRIED & LIVE OUT OF STATE YOU ARE NOT ELIGIBLE FOR OUR SCHOLARSHIP.**
- 2 You must be enrolled as a **FULL-TIME** student in a recognized **physical** or **occupational therapy assistant program.**
- 3 You must have and maintain a "B" or higher cumulative grade point average, ("B-" does not qualify) **NO EXCEPTIONS.**
- 4 You must be planning to be a full-time practicing physical or occupational therapy assistant upon completion of your studies.
- 5 Required Federal and Illinois tax information
- 6 Statement of Goals required
- 7 All requested items must be in a two-pocket folder or the application will be VOID. The deadline for the application to the Lodge is March 9, 2018.

EVALUATION BASIS: 1. Academic qualifications – 40% 2. Financial need – 30%
3. Personality and desire – 30%

This is a highly competitive scholarship program. **No exceptions to the qualifications and requirements are granted.** No other therapy fields are eligible to apply. Applicants will be evaluated and ranked independently by four judges. **Awards will be announced by letter mid June, 2018 for the 2018-2019 School Year.**

Awards for applicants: 1st Year \$500 2nd Year \$800

APPLICATION DEADLINE FOR SUBMISSION TO SPONSORING LODGE – MARCH 9, 2018

Should you have any questions, please call the Children's Care Corporation office at 1-800-272-0074 (in Illinois) or 217-483-3020 (from outside Illinois). Hours: 8:30 to 4:30, Monday through Friday.

PT/OT ASSISTANT APPLICATION FOR THE 2018 – 2019 SCHOOL YEAR

ILLINOIS ELKS CHILDREN’S CARE CORPORATION

There is no guarantee of continued funding to past recipients and you must reapply and qualify each year. Previous formatted applications will not be accepted - you must use current application.

THE APPLICANT IS SOLELY RESPONSIBLE FOR FULLY COMPLETING THIS APPLICATION AND FOR BEING CERTAIN THAT ALL REQUIRED ITEMS ARE INCLUDED WITHIN THE APPLICATION FOLDER.

Please note: If you are married, your residency is where you live with your spouse, not your parent's residence in Illinois. If you now reside outside of Illinois, you are not eligible for our scholarship. This applies even if you are a past recipient.

(_____)
Initial that you have read the above

Personal Information:

1. Insert name, date of birth, and current age. Please provide your Home & Cell Phone #.

Applicant’s Name: _____ DOB _____ Age _____

Note: If married, your residence is considered to be with your spouse, not the home address of your parents.

Home Address _____, (Town/City) _____ (Zip _____)

If you do not reside in Illinois, you are not eligible.

Phone Number _____ Cell Phone Number _____

E-Mail Address (Print Clearly) _____

All correspondence and scholarship checks will be sent to the above address, unless you notify us otherwise.

College Information

2. Insert name and address of University/College you will be attending. If you have applied at several schools, please list them on a separate page.

College Name _____

Address _____ Phone _____

City _____ State _____ Zip code _____

3. Circle college academic classification in fall:

1st Year Assistant

2nd Year Assistant

4. To qualify for consideration, you must be a full-time student in one of the types of programs listed.

Please check the program you will be enrolled in: _____ Physical Therapy Assistant
_____ Occupational Therapy Assistant

5. Please provide your most recent cumulative grade point average and your school's grade point scale. This must be verifiable from your transcripts. **Note:** If you are currently a college freshman, this is your first semester average and not your high school average.

Give most recent Cumulative G.P.A. _____ On School's Scale an A= _____

6. **Enclose your most recent official transcript, copies not acceptable.** Be certain transcript includes your most recently completed academic term (first semester of your current academic year).

Official Transcript – Must be enclosed in folder, copies of transcripts are not acceptable.

7. Indicate the number of years you have applied for assistance from the Elks PT/OT Assistant Scholarship Program.

_____ Years

8. Indicate the number of years you have received assistance from the Elks PT/OT Assistant Scholarship Program.

_____ Years

Instructions for #9 & #10

Letters must be current and dated no more than six months prior to time of application. No rubber stamped dates are acceptable. **All letters must be signed for academic and non-academic and enclosed in folder.**

All academic letters must be from **instructors on school letterhead. If not on letterhead and signed application will be void.**

9. Academic Letters (3 total) – From Instructors must be signed and on School Letter Head

Included in Folder # _____

(List: Name & Phone Number of person(s) submitting letters on separate page)

10. Non-Academic Reference Letters (3 total) From Non-School related People must be signed

Included in folder # _____

(List: Name & Phone Number of person(s) submitting letters on separate page)

Financial Status

11. Please complete the chart on your family members residing in your home. (Attach additional sheet if needed)

	Name	Age	Relationship	Enrolled in HS	Enrolled in College
1					
2					
3					
4					
5					

12. Please complete the chart on your anticipated school expenses and income to meet those expenses.

Anticipated Expense		Anticipated Income	
Tuition	\$	Savings	\$
Housing		Family Contributions	
Books		Other Scholarships/Grants	
Personal		Full/Part Time Employment	
Miscellaneous		Miscellaneous	
Total Expense *		Total Income *	

*Do not worry about income and expense balancing.

13. Does your family have any unusual demands on their income? These would include a family illness, under aged dependents, disabilities, unemployment, or any other item, which would limit their ability to help you financially. Please attach a statement of unusual demands on a separate page.

Required Taxes Information:

14. **2016 or 2017 Tax Forms only will be accepted.**

We are interested in only the front and back page of your main Federal & Illinois Tax Form showing the gross and net taxable income. If you file electronically, please submit a printout of the electronic filing being certain it shows both gross income and net taxable income for the tax year. These forms will be held in strict confidence.

DO NOT SEND: ENTIRE TAX FORM, COPIES OF W-2's, 1099's, PREVIOUS YEAR TAX FORMS, HOMESTEAD EXEMPTIONS, PAY STUBS, ETC. IF YOUR APPLICATION IS RECEIVED WITHOUT REQUIRED TAX FORMS OR EXPLANATION FOR NOT FILING – APPLICATION WILL BE VOIDED.

Filing option: Circle One Option Below.

Option A: If you receive any financial assistance (even if just living at home) from your family, you must submit Both your parents' and your own **2016 or 2017 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS.**

Note: If your parents are divorced and you live with one and the other claims you as a deduction, you will need to File both parents' forms. **If you or your parents did not file, attach explanation for not being required to file.**

Option B: If you do not receive any financial assistance from your family and do not live at home, you must Submit only **your 2016 or 2017 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS.** **If you did not File, attach explanation for not being required to file.**

Option C: **Option C:** If you are married submit your joint 2016 or 2017 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS. **If you or your spouse did not file, attach explanation for not being required to file.**

15. Provide a list of any significant awards, offices held, interests, and outside activities which you feel have contributed to your development. **Attach list of significant awards.**

16. **STATEMENT OF GOALS - REQUIRED**

On a separate page, describe your short and long term lifetime goals in the physical or occupational therapy assistant field. What do you want to do with your physical/occupational therapy assistant training, and why did you become interested in one of these fields?

I hereby grant permission to release any requested information concerning my grades, grade point average and tuition to the Illinois Elks Children's Care Corporation. I certify all answers and documents to be truthful and all required tax forms are included with this application.

Applicant Signature _____ Parents Signature _____
(Required if Option (A) Applicants only)

ANY INCONSISTENT INFORMATION WILL VOID APPLICATION

SUBMITTING YOUR APPLICATION

FORMAT: **Must be contained in a two pocket folder** arranged as follows:

Left Side

- a. Transcript
- b. Tax Forms / Explanation
- c. Reference Letters

Right Side

- a. Completed Application
- b. Statement of Goals (Question 13)
- c. Statement of unusual demands (Question 16)

Do not put your name on outside of folder. Your application should not total more than 25 pages.

DELIVER TO SPONSORING LODGE: No later than March 9, 2018. Do **not** send to Chatham office address. Application **must** be submitted through local sponsoring Lodge. We strongly suggest you make arrangements to deliver your application to your sponsoring Lodge in person.

CHECK LIST FOR PT/OT SCHOLARSHIP ASSISTANT APPLICATION

Make sure everything is in your two pocket folder

Most Important:

This application will be graded on completeness and it is not the role of the Illinois Elks Children’s Care Corporation to track down missing and required information. Please double check your work before submission.

- | | | | |
|---|---|-----------|---|
| 1 | Official Transcript | | _____ |
| 2 | Academic Reference Letters | 3 | Name & Phone number of person(s) _____ |
| 3 | Non Academic Reference Letters | 3 | Name & Phone number of person(s) _____ |
| 4 | Statement of Unusual Family Demands (Question 13) | | _____ |
| 5 | State & Federal Tax Forms 2016 or 2017 Forms | Parent | (if Applicable) _____ |
| 6 | State & Federal Tax Forms 2016 or 2017 Forms | Student’s | (Explain if you did not file taxes) _____ |
| 7 | Statement of Goals | | _____ |

If incomplete applications are submitted, they will not be graded.

Signature of Applicant

1. **Keep a full copy of your application and documentation.** If application is lost in transit, this copy will be needed.
2. **Record name of Lodge, Date delivered to Lodge and person who accepted application on delivery notice, and mail immediately to IECCC – PO Box 222 – Chatham, IL 62629-0222.**
3. **When your sponsoring Lodge submits your application to our office, we will acknowledge receipt by postcard to you. If you do not receive acknowledgement by April 20, 2018, please contact our office (800-272-0074 or 217-483-3020) immediately.**

DELIVERY NOTICE

APPLICANT TO COMPLETE AND RETURN THIS TO:
ILLINOIS ELKS CHILDREN’S CARE CORPORATION
PO BOX 222 – CHATHAM, IL 62629-0222

DO NOT INCLUDE WITH YOUR APPLICATION

On _____ I delivered a PT/OT Assistant Scholarship Application to:
(Date)

(Please print clearly – Person’s Name and Lodge Position)

Of the _____ Lodge

(Print Name of Applicant)

(Signature of Applicant)

Phone (_____) _____
(Phone number of applicant)

Submitting this form directly to our Chatham, Illinois office is the only way we know you have submitted an application to a local lodge.

