

**ILLINOIS ELKS  
CHILDREN'S CARE CORPORATION**

**2026-2027 PHYSICAL OR OCCUPATIONAL  
THERAPY ASSISTANT APPLICATION**

**QUALIFICATIONS, REQUIREMENTS AND SUBMITTING  
APPLICATION**

## (APPLICATION OVERVIEW)

This is a **COMPETITIVE SCHOLARSHIP PROGRAM** for students currently enrolled in, or planning to enter, 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. Only ONE scholarship award per student will be allowed per scholarship year.

### 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. Federal and Illinois Tax Information, Required
6. Statement of Goals, Required
7. All requested items must be in a two-pocket folder or the application will be VOID. The application must be postmarked no later than March 20, 2026 and sent directly to the Illinois Elks Children's Care office.

EVALUATION BASIS:    1. Academic qualifications – 40%    2. Financial need – 30%  
                                 3. Personality and desire – 30%    4. Following Directions

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 our judges. **Awards will be announced by letter mid-June, 2026 for the 2026-2027 School Year.**

Awards for applicants: 1<sup>st</sup> Year    \$500                      2<sup>nd</sup> Year    \$800

**POSTMARKED APPLICATION DEADLINE FOR SUBMISSION TO THE ILLINOIS ELKS CHILDREN'S CARE OFFICE IS – MARCH 20, 2026.**

Should you have any questions, please call the Children's Care Corporation office at 1-800-272-0074 or 217-483-3020 Hours: 9AM to 4PM, Monday through Friday.

# **PT/OT ASSISTANT APPLICATION FOR THE 2026 – 2027 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 Numbers.

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 for **2026** Fall Semester:

1<sup>st</sup> Year Assistant

2<sup>nd</sup> 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 ALL Official College Transcripts from ALL Colleges attended, 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 previously applied for assistance from the Elks PT/OT Assistant Scholarship Program.

\_\_\_\_\_ Years

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

\_\_\_\_\_ Years

#### **Instructions for 9 & 10 (Reference Letters)**

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

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

9. Three (3) Academic Letters from Instructors/Advisors

Number included in folder \_\_\_\_\_

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

10. Three (3) Non-Academic Reference Letters from Non-School Related People

Number included in folder \_\_\_\_\_

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

11. Are you working while in school? (Yes or No) \_\_\_\_\_ If Yes, how many hours a week? \_\_\_\_\_

## Required Taxes Information:

### 12. 2024 or 2025 Tax Forms only will be accepted.

We only need the **front** and **back** page of your main Federal & Illinois Tax Forms showing the gross and net taxable income. If you file electronically, please submit a printout of the electronic filing. It must show both gross income and net taxable income for the tax year. An electronic filing company receipt is not acceptable. These forms will be held in strict confidence.

**DO NOT SEND: ENTIRE TAX FORM, COPIES OF W-2s, 1099s, 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.**

**If a parent, spouse or anyone claims you on their taxes you are a dependent.**

You must submit **both** your parents and **your 2024 or 2025 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS**. Note: If your parents are divorced we will need Federal and State Tax forms from the parent who claims you as a deduction. **If you or your parents did not file, include an explanation for not being required to file. A letter of explanation MUST be included or your application is void.**

If you are married submit your joint **2024 or 2025 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS**. **If you or your spouse did not file, include an explanation for not being required to file. A letter of explanation MUST be included or your application is void.**

If you are not a dependent we will need **YOUR** permanent address and **YOUR 2024 or 2025 FEDERAL AND ILLINOIS STATE INCOME TAX FORMS**. **If you, the student did not file taxes, include an explanation for not being required to file. A letter of explanation MUST be included or your application is VOID.**

## Financial Status

### 13. 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					

### 14. 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	
<b>Total Expense *</b>		<b>Total Income *</b>	

\*Do not worry about income and expense balancing.

15. 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.

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 Applicant is a Dependent)

**ANY INCONSISTENT INFORMATION WILL VOID APPLICATION**

**SUBMITTING YOUR APPLICATION**

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

**Left Side**

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

**Right Side**

- a. Completed Application
- b. Statement of unusual demands (Question 15)
- c. Statement of Goals (Question 16)

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

**DELIVER TO THE ILLINOIS ELKS CHILDREN'S CARE OFFICE:**

**Postmarked no later than March 20, 2026.**

**Mailing address for the application using UPS, FEDX or USPS is:**

**Illinois Elks Children's Care  
1201 N. Main Street  
Chatham, IL 62629**

We recommend that you send your scholarship application with tracking.

# 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, No copies of Official Transcripts \_\_\_\_\_
2. Academic Reference Letters (3)                      Include List of Name & Phone number of References  
On Academic Letterhead \_\_\_\_\_
3. Non Academic Reference Letters (3)              Include List of Name & Phone number of References \_\_\_\_\_
4. Statement of Unusual Family Demands (Question 15) \_\_\_\_\_
5. State & Federal Tax Forms                              Parent's  
2024 or 2025 Forms \_\_\_\_\_
6. State & Federal Tax Forms                              Student's (Explanation if you did not file taxes)  
2024 or 2025 Forms \_\_\_\_\_
7. Statement of Goals (Question 16) \_\_\_\_\_
8. **Keep a full copy of your application and documentation.**  
If application is lost in transit, this copy will be needed. \_\_\_\_\_

**If incomplete applications are submitted, they will not be graded. The ability to follow directions and successfully complete this application is considered in the scoring of the application.**

\_\_\_\_\_  
Signature of Applicant