

**ILLINOIS ELKS
CHILDREN'S CARE CORPORATION**

**2026-2027 PHYSICAL OR OCCUPATIONAL
THERAPY MAJORS 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 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 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 therapist 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 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: **Freshmen and Sophomores – \$500 - \$1000, Juniors up to 2nd year Graduate - \$1000.00 - \$3,500.00.**

APPLICATION DEADLINE FOR SUBMISSION TO THE ILLINOIS ELKS CHILDREN'S CARE OFFICE IS POSTMARKED BY 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: 9:00 AM to 4:00 PM, Monday through Friday.

PT/OT MAJOR APPLICATION FOR THE 2026 – 2027 SCHOOL YEAR

ILLINOIS ELKS CHILDREN'S CARE CORPORATION

Students are eligible for up to six years of awards. 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. **You must declare a major your Junior Year.**

FRESHMAN - SOPHOMORE - JUNIOR - SENIOR - GRADUATE 1st Year - GRADUATE 2nd Year
(No Graduate 3rd Year accepted)

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 _____ Occupational Therapy

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). Graduates must include transcript.

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 Scholarship Program.

_____ Years

8. Indicate the number of years you have previously received assistance from the Elks PT/OT 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 letters must be on academic letterhead and signed.**

All academic letters must be from **current** instructors on academic school letterhead. **If letters are not on academic school 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)

All non-academic letters must be signed and enclosed in folder.

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 to help with your school expenses? (Yes or No) _____

If yes, how many hours each 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 AN EXPLANATION FOR NOT FILING THE APPLICATION IS VOID.

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 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	
Total Expense *		Total Income *	

*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. **ESSAY– ON A SEPARATE PAGE**

1st – 4th year students, you must describe your short and long-term lifetime goals in the physical or occupational therapy field, and describe the qualities you possess that will make you a good therapist. Returning applicants please update your goals essay statement.

Graduates, describe your main focus in the physical or occupational field, and how you plan to use your degree. 2nd year graduates please update your goals essay statement.

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 so you can be sure it was successfully delivered to the above address.

CHECKLIST FOR PT/OT SCHOLARSHIP 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 | _____ |
| 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
2024 or 2025 Forms | Parent's | _____ |
| 6. State & Federal Tax Forms
2024 or 2025 Forms | Student's (Explain if you did not file taxes) | _____ |
| 7. Statement of Goals | (Question 16) | _____ |
| 8. <u>Keep a full copy of your application and documentation.</u> | 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