

BONITA KRAFT SCHOLARSHIP APPLICATION

Name: _____ SJSU Student ID#: _____

Current Address: _____
(street)

_____ (city) (state) (zip)

Phone: (_____) _____ Email: _____

Permanent Address: _____
(street)

_____ (city) (state) (zip)

Phone: (_____) _____ Email: _____

Letter of notification will be sent to you over the Summer break preceding the Fall semester of your award. Please indicate your preferred mailing address for that period by checking the above appropriate box.

Academic Level: _____ Semester in O.T. Program: _____

Date of Application: _____ Degree Objective: _____

Current Over-All (SJSU) GPA: _____ Amount Requested: _____

Academic Period For Which Scholarship Is Requested: _____

Purpose For Which Scholarship Is Requested: _____

Financial Statement: Present your financial situation as clearly as possible. Financial need will be a primary factor in the approval of your application. Please itemize estimated expenses and resources for the semester for which the scholarship is being requested.

EXPENSES

Tuition & Required Fees: _____

Books & Other Instructional Material: _____

Uniforms, Lab Fees, Etc: _____

Food: _____

Lodging: _____

Clothing: _____

Travel Expenses: _____

Other Costs (List): _____

Total: _____

RESOURCES

Personal Savings: _____

Earnings During Vacation: _____

Part-Time Earnings During Academic Period: _____

Spouse's Earning : _____

Scholarships: _____

Loans: _____

Aid From Parents/Guardian: _____

Aid From Other: _____

Total: _____

- 1. List Recent (within past 2 years) SERVICE TO THE DEPARTMENT, UNIVERSITY, OR COMMUNITY (include membership in student or professional organization):**

- 2. OTHER RELATED ACTIVITIES (include attendance at conference, etc., related to your commitment to a career in Mental Health Occupational Therapy, anything that might strengthen your application):**

- 3. A Personal Statement (one page) that clearly and compellingly describes your future professional plans for clinical practice in Mental Health Occupational Therapy.**

- 4. CHARACTER REFERENCES: Please list at least two people who can speak to your qualifications/needs for this scholarship. (Non-relative) Next to each name indicate the credentials, relationship, etc. of each as to their qualifications as a reference (e.g., high school guidance counselor, former employer, etc.)**

Signature: _____ **Date:** _____