

**WESTERN MICHIGAN UNIVERSITY**  
**Don F. Thomas and Jane E. Thomas Fund**

Eligibility Criteria

- Demonstrate financial need (Complete a Free Application for Federal Student Aid for the current academic year)
- Enrolled, either full-time or part-time as a Graduate or Undergraduate student, in the Occupational Therapy Curriculum
- Must have progressed in Occupational Therapy training far enough to exhibit excellent potential for success in the profession
- 2 References from non-OT faculty required (use reference form provided below)

**Deadline: March 1**

**References must be postmarked by March 1**

Award: Amount varies

Award will be credited directly to the recipient's student account

Application Instructions

Please include the following documents with your application:

- Application
- Resume
- Two (2) reference forms

Don & Jane Thomas Occupational Therapy Scholarship

Name \_\_\_\_\_ WIN # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you been admitted to the Occupational Therapy Department?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the current year's *Free Application for Federal Student Aid (FAFSA)*? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please attach a current resume. Which includes organizations, volunteer experience, work experience, personal information and achievements.

Please attach two reference forms. References must be able to provide objective information, therefore friends and relatives cannot be considered. References must be from either a professional (e.g., occupational therapist), current or previous employer, volunteer supervisor, or faculty member (non-OT). Your scholarship application will be considered incomplete until both references are received.

**Occupational Therapy Department  
Western Michigan University  
Thomas Scholarship**

**Confidential Reference**

The applicant named below has applied for a scholarship application from the WMU Occupational Therapy Department and has given your name as a reference. Please complete the information below and mail it to the following address, postmarked by March 1:

Scholarship Committee  
Occupational Therapy Department  
Western Michigan University  
1903 West Michigan  
Kalamazoo, MI 49008-5333

Applications will not be complete for consideration until all supporting materials are received. The O.T. Department assumes no responsibility for securing references.

PLEASE TYPE OR PRINT ALL INFORMATION.

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

**To be Completed by Reference:**

Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Title/Position (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1. In what capacity have you known the applicant?
  
2. How long have you known the applicant?
  
3. Please rate the applicant as realistically as you can.

Factors	Marginal	fair	good	excellent	no basis for judgment
Motivation/Initiative					
Creative Qualities					
Self-Discipline					
Growth and Potential					
Self-Confidence					
Concern for Others					
Emotional Maturity					
Reaction to Setbacks					
Respect Accorded by Others					
Industry/Productivity					

4. Key factors contributing to the consideration of this applicant are based on the potential for future professional effectiveness. Please rate each factor listed below. **RATE** 1-5, with 5 being the HIGHEST and 1 being the LOWEST. (Do not RANK these factors.) It is possible for several factors to receive the same rating number.

\_\_\_ Academic Study

\_\_\_ Communication Ability

\_\_\_ Professional Interest and Activities

\_\_\_ Leadership/Management Skill

\_\_\_ Performance Skills

\_\_\_ Other:

5. Please use this space to comment on any other factors relating to this student's abilities.