**Hand Therapy Association of California**

**Scholarship Grant Application**

**Purpose:**  The purpose of the HTA-CA Scholarship Grant is to:

1) Promote the future hand therapy profession

2) Encourage greater hand specialization by Occupational and Physical Therapists

3) Encourage and assist a practicing OT or PT in sitting for the CHT examination

4) Offer financial assistance to a therapist who has been accepted into a hand therapy fellowship program

**Qualifications:**

1. Must be a resident of US for the year of the fellowship training, or CHT eligible within one year from acceptance of the grant funding.

2) Must be a member of HTA-CA for the year of application and the preceding year

3) Must be an active practicing therapist and show verification of employment. Practice in a hand setting preferred.

4) Must be in a position to attend the fellowship, if any, during the year the grant is allotted/

**5)** Must submit copies of all expenses.  Reimbursement is up to $ 2000 as decided by the reviewing committee for expenses.  If the fellowship is not completed for any reason, or the applicant does not sit for the CHT exam, repayment of the grant money to HTA-CA is expected in full within one year. If already enrolled in a fellowship at the time of the award, please send supporting documentation with the application.

**6)** Must write a clinical article and/or presentation. The article/presentation may be shared with HTA-CA for potential publication in the ASHT Times. Potential information to be included in the article/presentation: what it required, the experience and how it changed the applicant’s practice and personal life, and what advice would the applicant have for aspiring hand therapists.

7)  HTA-CA does not assume liability or financial responsibility for any medical expenses related to illness or injury or loss of personal items during training.

8) Application should be submitted to [President@hta-ca.org](mailto:President@hta-ca.org) along with a current CV

Determination of grant award will be made by HTA-CA Board Members and Education Committee Chairperson

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|  | Application for HTA-CA SCHOLARSHIP GRANT | Points earned  (0-10) |
| Name of Applicant |  |  |
| Date Submitted: |  |  |
| Fellowship name and state, if any: |  |  |
| Why you should be granted the money (essay): 100 words |  |  |
| What is your current experience as a therapist, what are you lacking and what do you plan to include? |  |  |
| Have you volunteered for HTA-Ca in any capacity |  |  |
| References: 3 (Therapists)  If you have physician references, please attach those as well  Contact #/ Email: |  |  |
| Years OT / PT |  |  |
| What year did you become a PT or OT |  |  |
| Languages you speak |  |  |
| What do you plan to do after you achieve the CHT credential or graduate from the fellowship program (teach, work in hospital, private practice, start a practice etc) |  |  |
| Any other considerations on why you should be granted the scholarship funds |  |  |
| Contact email: |  |  |
| Contact phone: |  |  |
| Best time to call: |  |  |
| Additional Comment: |  |  |

Applicant’s Signature Date