



## OTAC Student Delegate Application Form

<b>Personal Information</b>	
Name:	Email:
Address:	
Tel:	Cell:
<b>Education</b>	
University/College:	
Degree Level (OT/OTA) and Level (Master's, 1 <sup>st</sup> year/2 <sup>nd</sup> year):	
Expected Graduation Date (Month/Year):	
<b>Professional Membership</b>	
AOTA Membership ID:	OTAC Membership ID:
<b>Brief Statement of Purpose</b>	
<p>(Describe why you want to be a student delegate and what do you hope to achieve in this role. Please list your ideas for increasing OTAC student membership and involvement.)</p>	

Please submit forms via your Faculty Mentor or directly to Alison George, MS, OTR/L and Lina Awshee, COTA/L at [Studentchr1@otaonline.org](mailto:Studentchr1@otaonline.org). Please include a letter of recommendation from a faculty member.