



2024 OTRBG Scholarship Application

Submission Deadline: April 30th, 2024

****Please complete all fields****

Applicant Information

Parent/Guardian: _____ Date: _____

First & Last Name

Phone: _____ Email: _____



Scholarship Recipient: _____ Age: _____

First & Last Name

Recipient's Diagnosis: _____

This scholarship will be used for:

Therapies

Equipment

Please provide the details of the type of therapy (including the therapist's name) or the desired equipment the scholarship will be used for:

Will there be a lapse in the recipient's therapies during summer break? Yes No

If there will be a lapse, how long will the lapse in therapies be? _____

Is there any special curriculum that the recipient needs/enjoys? _____

Is the recipient receiving financial assistance for therapies from any other source (State funding, etc.)? Yes No

Please include the details of the financial assistance being received: _____

What type of impact will this scholarship have on your child's education? _____

****Return to: payroll.otrbg@gmail.com****