**OADD Scholarship Application Form – Dr. Bruce McCreary Memorial Scholarship**

Scholarships are awarded annually, deadline to apply is February 1st.

Please review the scholarship criteria on our website: <https://oadd.org/dr-bruce-mccreary-memorial-scholarship/> before applying.

Please fill out and send in this application form with a copy of your CV and a letter of reference from your professor, academic advisor or direct clinical supervisor.

**Contact information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Email address |  |

**Part A - Educational Background**

|  |  |
| --- | --- |
| **Educational Qualifications** | |
| Existing Degrees |  |
| Educational institutions |  |
| **Current area of study** | |
| Area of Study |  |
| Educational institution |  |

**Part B – Employment Background**

Please summarize your employment/clinical background as it relates to (any of) the following areas:

* Psychology
* Psychiatry
* Genetics
* Occupational Therapy/Physiotherapy
* Speech/Language Therapy
* Nursing (BScN, PHCNP)
* Social work
* BCBA/BCaBA

**Part C: Contribution to the field/career goals**

Please explain your interest in the field of developmental disabilities and your career goals

**Part D: How will the funds be used?**

Please let us know what you intend to use the scholarship funds for if you are successful.