



## OATC Training Registration/Material Fee Scholarship Application

### Eligibility:

#### To Be Eligible, You Must:

- Be enrolled in an OATC sponsored workshop/training and include your registration form with this application. (Refer to [www.theoatc.org](http://www.theoatc.org) for more information.)
- Have been denied full or partial compensation for registration and/or materials fee for the workshop/training by your employer.
- Provide proof of payment/compensation denial along with this application.

**Important Note:** Scholarships are available to eligible applicants on a **first come, first served basis**. Applications must be submitted no less than **2 weeks** prior to the registration deadline.

### Applicant Information:

Name: \_\_\_\_\_

Phone-Home or Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

School District: \_\_\_\_\_

Campus Name: \_\_\_\_\_

School e-mail address: \_\_\_\_\_

Personal e-mail address: \_\_\_\_\_

Please send response to: \_\_\_\_\_ Personal e-mail      \_\_\_\_\_ School e-mail      \_\_\_\_\_ Both

**Please indicate the discipline of the applicant: (for statistical use only)**

____ Special Education Teacher	____ Physical Therapist	____ Occupational Therapist
____ Speech Pathologist	____ Physical Therapist Assistant	____ Occupational Therapist Assistant
____ Administrator	____ Special Education Director	____ Paraprofessional
____ Parent	____ Other _____	



**Training Requested:**

**Note:** Scholarships will only cover registration and/or materials fee. Travel, lodging, and other expenses are the responsibility of the participant and will not be reimbursed nor waived.

Training title: \_\_\_\_\_

Training date: \_\_\_\_\_

Registration cost: \_\_\_\_\_

Training materials cost: \_\_\_\_\_

Total amount of scholarship request: \_\_\_\_\_

Have you previously received a scholarship from the OATC? \_\_\_\_\_

If so, when and for what amount? \_\_\_\_\_

**Proof of Payment/Compensation Denial**

**To be completed by applicant's employer or person from employer's agency authorized for funding approval.**

- Amount the funding agency is able to provide toward requested training registration/materials fee: \_\_\_\_\_

Please briefly explain the reason for denial. Attach additional documentation if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Printed name of authorized person:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Contact number: ( )** \_\_\_\_\_

**Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant**

**Important Note:** I am requesting a registration and/or materials fee waiver from the OATC. All information provided on this application is true and accurate. I understand that eligibility does not guarantee that I will receive a scholarship. Furthermore, I understand that if I receive a scholarship and am unable to attend the training, I am responsible for notifying the OATC.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submitting Application**

**Email or Fax Application and Supporting Documentation to:**

Emily Boyett · OATC · 1600 N. Phillips Oklahoma City, OK 73104 · [emily-boyett@ouhsc.edu](mailto:emily-boyett@ouhsc.edu) · 405-271-3625 or 800-700-6282 · Fax (405) 271-1707

**You Will Need to Attach/Include:**

This OATC Training Registration/Material Fee Scholarship Application · If applicable, additional documentation regarding Proof of Denial · Copy of the Training Registration Form