Alberta Therapeutic Recreation Association

www.alberta-tr.org

EDUCATION SCHOLARSHIP APPLICATION FORM

1. Print the application form
2. Complete and attach all required documentation and send it to: ATRA, 7140 C Fairmount Drive SE, Calgary, AB T2H 0X4

PERSONAL INFORMATION:

Name: _____ ATRA Membership #_____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

SCHOOL INFORMATION:

Education Institute Attending: _____

Program: _____ Major: _____

Years of Study Completed: _____ Expected Date of Graduation: _____

COURSE/WORKSHOPS/CERTIFICATES COMPLETED

Please list courses, workshops or certificates completed and/or presented that are related to Therapeutic Recreation or recreation with special populations which are not a part of your current university or college program. Please indicate name of course, workshop or certificate, organization delivering the course/workshop and date completed.

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PROFESSIONAL AND PERSONAL MEMBERSHIPS

Please list current professional and personal memberships *(ie: Alberta Recreation and Parks Association, Canadian Therapeutic Recreation Association, American Therapeutic Recreation Associations, Student Associations)*. Indicate if you have held positions or worked on committees within these organizations. Please note that ATRA membership is mandatory.

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AWARDS/SCHOLARSHIPS/DISTINCTIONS

Please list awards, scholarships, distinctions which you have received. Indicate name of award, organization and date received.

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WORK AND VOLUNTEER EXPERIENCE

Please list work and volunteer experience in the area of Therapeutic Recreation or recreation with special populations. Please indicate name of organization, position, dates employed and total hours worked.

FUTURE GOALS IN THE FIELD OF THERAPEUTIC RECREATION

Please indicate your future plans in regards to education and career and how this will benefit the field of Therapeutic Recreation.

LETTERS OF REFERENCE

Please include three letters of support relevant to experiences in recreation, in education or with special populations.

Letter #1 _____

Letter #2 _____

Letter #3 _____

DESCRIPTION OF RESEARCH *(For Graduate Students Only)*

Attach a separate sheet which includes a brief description of your research, indicating the area and the benefits or significance to the field of Therapeutic Recreation. Include a description of the research design and how the results of the research will be communicated and to whom. Also indicate if there is a potential for the outcomes to be transferable to other professionals working with quality of life or wellness for special populations.

ALL APPLICANTS:

My signature verifies that all information provided is accurate.

Signature _____ Date _____