



Neuro-Developmental Treatment Association

SCHOLARSHIP APPLICATION

NDTA 2010 NATIONAL CONFERENCE

***CLINICAL PROBLEM SOLVING IN THE CONTEXT OF NDT:
Thinking, Treating & Documenting Like A Master Clinician***

Hilton St. Louis At the Ballpark ▪ St. Louis Missouri ▪ May 21-23, 2010

NDTA is offering three full-tuition scholarships to the 2010 National Conference. The scholarship will cover all tuition and course materials for the conference itself. Travel, meals, lodging and adjunct events are not covered.

The purpose of this scholarship is to provide qualified therapists from developing countries the opportunity to integrate the scientific and therapeutic education being offered and to encourage dissemination of this knowledge to colleagues in the scholarship recipient's country of origin.

You are welcome to submit your application for consideration by returning this application form along with the requested support documentation. The criteria for being awarded this scholarship is based on the completeness and professionalism of your submission in a timely manner and a demonstrated ability to share this information with your co-workers and colleagues. Please note that this scholarship will be awarded only one time to any applicant. The NDTA Conference is presented in the English Language.

INSTRUCTIONS:

1. The application form and requirements must be fully completed in English to be accepted.
2. Two brief letters of support for attending the conference are required from a coworker, supervisor, patient, etc. The letters should describe the length and nature of your professional relationship, your attributes as a therapist and your ability to disseminate the knowledge acquired at the conference.
3. Submit a copy of your professional license or its equivalent.
4. Enclose a brief biographical sketch describing your professional qualifications.
5. The deadline for receipt of your application packet is **Monday, March 1, 2010**. Incomplete applications or applications submitted after this date will not be considered. You will receive a letter of approval or denial within 30 days of this deadline date.
6. Send the application and supporting documentation to:
***NDTA Scholarship c/o
Renee Rowley, PT, PCS, C/NDT***

Mail: Director, Kids in Motion, Inc.
4721 W. Midlothian Turnpike, Suite 25, Crestwood, Illinois 60445
E-mail: rowleyrenee@yahoo.com
Fax: (708) 371-7748



Neuro-Developmental Treatment Association

SCHOLARSHIP APPLICATION

NAME: _____

DISCIPLINE: PT OT SLP OTHER: _____

ADDRESS: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL: _____

OCCUPATION: _____

(Note: You may respond to the following questions electronically and/or attach additional paper for your answers)

DESCRIBE YOUR WORK:

Please provide a brief description of your typical work week and work setting. Include all applicable information such as:

- Number and diagnoses of patients you directly treat on a weekly basis
- Administrative duty descriptions
- Teaching responsibilities
- Research activities
- Length of time you have been performing any listed activities

LIST ALL PREVIOUS NDT COURSES ATTENDED: Include titles and year of program:

STATE HOW ATTENDING THIS CONFERENCE WILL BENEFIT YOU AND THE PEOPLE YOU SERVE:
Include your plans for disseminating the information you receive at this conference.

PLEASE STATE YOUR REASON FOR REQUESTING FINANCIAL ASSISTANCE:

ARE YOU RECEIVING FINANCIAL ASSISTANCE FROM ANY OTHER SOURCE?

YES NO IF YES, PLEASE LIST THE SOURCE:

IF YOU RECEIVE FINANCIAL ASSISTANCE FROM NDTA, ARE YOU ABLE TO PROVIDE ANY LIMITED VOLUNTEER SUPPORT DURING THE CONFERENCE (e.g. Language interpreter, registration desk, door monitor, etc.)?

YES NO IF YES, DO YOU HAVE A SPECIFIC REQUEST?

I understand and agree to the following:

- I will attend the entire conference
- I understand that only the conference registration fee is offered with this scholarship and that I am responsible for my own lodging, meals and travel expenses
- I grant NDTA permission to publicize my photograph, biography and other relevant information
- I will provide a brief written statement of the value this conference will bring to my practice, teaching, and/or research prior to leaving the conference
- I will provide a summary report regarding the dissemination of conference information to colleagues within my country

SIGNATURE OF APPLICANT

SUBMISSION OF FALSE INFORMATION AUTOMATICALLY DISQUALIFIES THE APPLICANT FOR APPROVAL FOR ANY FINANCIAL ASSISTANCE FROM THE NDTA FOR THIS CONFERENCE.

YOU WILL NEED TO MAIL OR FAX YOUR COMPLETED REGISTRATION FORM TO THE NDTA NATIONAL OFFICE. YOU WILL NOT BE ABLE TO PROCESS THIS REGISTRATION ONLINE.