# Fieldwork Educator Tuition Assistance Application Form

Student Last Name: Student First Name:

Student Campus Key:

The student is enrolled in (please select one): [ ]  BS-PPOTD [ ]  MS-PPOTD

Are you an alumnus of Thomas Jefferson University, Philadelphia University, or the Philadelphia College of Textiles & Science? [ ]  Yes or [ ]  No

If yes, please specify:

[ ]  OTD [ ]  BS-OTD [ ]  BSMS [ ]  OTA

[ ]  MSOT [ ]  Advance Practice Certificate, Specify

[ ]  Undergraduate degree [ ]  Other, Specify

Have you been awarded an Advance Education Grant? ☐ Yes or ☐ No

## List all the Jefferson students you have supervised as a Fieldwork Educator or Capstone On-Site Mentor in the last 12 months.

|  |  |  |
| --- | --- | --- |
| **Student Name** | **OTA, MSOT or OTD** | **Level I, Level II, or Capstone** |
|  |  |  |
|  |  |  |
|  |  |  |

##

## Submit this completed form, your CV or resume, and proof that you supervised these Jefferson students (e.g., CEU certificate sent to FW educator) to your program director or certificate coordinator.

Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_