

# Boothby Therapy Services

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## BOOTHBY THERAPY SERVICES SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION:

Full Name:

Address:

Phone:

Email:

References (Please include name, phone number and email address):

### EDUCATIONAL INFORMATION:

Undergraduate University:

Degree:

Date Earned:

GPA:

Academic Honors Earned:

Graduate University (If Applicable):

Degree:

Date Earned:

GPA:

Academic Honors Earned:

### PERSONAL INFORMATION

Please share any personal or volunteer activities in which you participate:

**Please respond in 300 words or less to each of the following questions.**

What personal qualities will make you an outstanding therapist?

Why should Boothby Therapy Services invest in your clinical and personal success?

Why do you want to work with children in a school setting?