

**THE ORTHOTIC AND PROSTHETIC EDUCATION AND RESEARCH FOUNDATION (OPERF)
STUDENT AWARD**

APPLICATION COVER PAGE

TYPE OF PROPOSAL (check one)	<input type="checkbox"/> NEW	<input type="checkbox"/> RESUBMISSION
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APPLICANT INFORMATION			
LAST NAME			
FIRST NAME		CREDENTIALS	
ORGANIZATION			
ADDRESS			
EMAIL			
PHONE		FAX	

STUDENT APPLICANT STATEMENT— (max 500 words) Use the space below to describe how the Student Award will assist you in pursuing your academic goals.

**THE ORTHOTIC AND PROSTHETIC EDUCATION AND RESEARCH FOUNDATION (OPERF)
COVER PAGE INSTRUCTIONS**

TYPE OF PROPOSAL

Please check the type of proposal that you are submitting:

New

Select this option if you have not applied before.

Resubmission

Select this option if you have applied previously.

APPLICANT INFORMATION

Please provide your name and all contact information.

STUDENT APPLICANT STATEMENT

Complete the Student Applicant Statement. The statement must be 500 words or less.

ATTACHMENTS

Ensure that you provide all other additional information with your application including:

- Transcripts
- Letter of recommendation from the Chair of the O&P Program where you are a student
- Letter from a second Faculty member
- Curriculum Vitae

SUBMISSION

Applications may be made by mail or email.

Email applications should be sent to: submissions@operf.org. The subject of your email should indicate: "OPERF Student Award."

Applications may be mailed to:

Peter D. Rosenstein
OPERF Administrator
Orthotic and Prosthetic Education and Research Foundation Inc.
P.O. Box 34635
Washington, DC 20043-4635

**SEE THE OPERF STUDENT AWARD PROGRAM OVERVIEW FOR COMPLETE DETAILS OF THE
AWARD PROGRAM GUIDELINES
WWW.OPERF.ORG**