



# Arkansas Speech-Language-Hearing Association Graduate Student Scholarship Application

## Eligibility and Guidelines

Student ArkSHA members enrolled in a Communication Sciences and Disorders graduate program in the state of Arkansas are encouraged to apply for the ArkSHA Student Scholarship each year. All applications must be postmarked by **October 1st** to allow committee members\* ample time for consideration. The scholarship winner will be announced and presented with a check at the Annual ArkSHA Convention Awards and Scholarship Reception.

Scholarship application guidelines are below:

- 1) A Faculty Advisor or Program Director must sign this form verifying enrollment and graduate GPA at the time of application, and append a short letter of support.
- 2) The applicant must be an Arkansas resident who, at present, plans to work in-state after graduation.
- 3) The applicant must submit a short narrative, not to exceed one-half page explaining their financial need for the scholarship.

- 4) The applicant's involvement in professional organizations such as ArkSHA, NSSLHA, etc. should be emphasized.
- 5) Both professional and personal letters of recommendation must be submitted with the application (minimum 3, maximum 5).
- 6) Failure to complete academic commitment will require a full refund of the scholarship amount to ArkSHA.

**Applications can be downloaded from:**  
<http://www.arksha.org/index.php/scholarships>

\*The Scholarship Committee will be composed of the ArkSHA President, Past President, President-Elect, Treasurer, and two additional members. Once the recipient is chosen by the Committee, that applicant will be presented to the ArkSHA

## Scholarship Application

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single Married

Present Address:  
\_\_\_\_\_

Permanent Address:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Number and ages of dependents, if any: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of semesters as a member of :  
ArkSHA \_\_\_\_\_ NSSLHA \_\_\_\_\_

University where you attend graduate school:  
\_\_\_\_\_

Degree and field of study pursued: \_\_\_\_\_

Graduate semester hours to date: \_\_\_\_\_

Graduate GPA to date: \_\_\_\_\_

Name of Faculty Advisor/Program Director (verify GPA):  
\_\_\_\_\_

**Please mail all required application materials  
postmarked by October 1, to:**

**ArkSHA Scholarship Committee  
P.O. Box 24103  
Little Rock, AR 72221**

**Questions? - Contact ArkSHA  
arksha@arksha.org**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Advisor/Program Director: \_\_\_\_\_ Date: \_\_\_\_\_