



# COMMUNICATIVE DISORDERS SCHOLARSHIP APPLICATION

*Academic Year 2018-2019*

*Deadline: March 30, 2018*

## **SCHOLARSHIP**

This is a \$1,000 scholarship to cover tuition, books, and supplies. Recipient may use the funds for any semester, including summer, during the awarded academic school year. Support from Sertoma provides the funding for the scholarships.

## **QUALIFICATIONS**

- Must be a citizen of the United States of America
- Must be pursuing a graduate level degree in speech language pathology and/or audiology at a college or university in the United States, accredited by ASHA's Council on Academic Accreditation
- Must have a minimum cumulative 3.5 GPA on a 4.0 scale for all undergraduate, graduate and doctoral level course work. This must include the Fall 2017 semester.

## **DEADLINES**

All scholarship applications and requested materials must be received at Sertoma headquarters by 4:00 pm Central Time on March 30<sup>th</sup> of each year. Faxes are not accepted.

## **REQUIRED MATERIALS**

The following items are required to complete the application process:

- Application – must be on the original form, typed, and signed
- (2) Two Letters of Recommendation. Recommendation Letters need not be sealed.
- College transcript(s) - Transcript must be from school, but does not have to be official. The school name, applicant's name, and GPA must be printed on the transcript. GPA stated on application must be verifiable from transcript. Graduate students must include undergraduate and graduate level transcripts.
- One additional copy of the application and letters of recommendation. The additional copy must white out all references to the student's personal information including name, address, phone, email, and social security number.
- Submit all items in a single envelope in the order listed. Any additional items or items received separately will be discarded. Application materials are to be single sided. Please do not use staples.

## **NOTIFICATION TO RECIPIENTS**

Scholarship recipients will be notified by June 30<sup>th</sup> of each year. We only notify recipients, no notification means the student did not receive the scholarship. We cannot send out lists of recipients to those who do not receive a scholarship.

## **MAILING ADDRESS**

Sertoma Headquarters  
Attn: Communicative Disorders Scholarship  
1912 E. Meyer Blvd.  
Kansas City, MO 64132

Sertoma will acknowledge receipt of applications by email only. If you would like notification, include your e-mail address on the application. We will not notify or acknowledge receipt of application by phone.



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## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## GRADUATE LEVEL COLLEGE OR UNIVERSITY INFORMATION

School the applicant will be attending or is currently attending on a full-time basis. If you have not yet determined a school or if your application is pending, please list your most preferred school.

School Attending \_\_\_\_\_

Degree \_\_\_\_\_

Level  Masters  Doctorate

Focus  Audiology  Speech Language Pathology  Communications Sciences Disorder

Date entering program month / year Anticipated date of graduation month / year

Cumulative GPA (as of completion of Fall 2017 semester)

Undergraduate \_\_\_\_\_/4.0 unweighted scale

Graduate \_\_\_\_\_/4.0 unweighted scale

Doctorate \_\_\_\_\_/4.0 unweighted scale (if applicable)

Total credits required for graduate degree program

Total credits for 2018-2019 academic year

Classroom/Academic \_\_\_\_\_

Classroom/Academic \_\_\_\_\_

Practicum \_\_\_\_\_

Practicum \_\_\_\_\_

*Please answer the following questions in the space provided - attachments will be discarded and the application not considered for the scholarship.*

## HONORS/AWARDS RECEIVED



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## **COMMUNITY VOLUNTEER ACTIVITIES**

## **INTERSCHOLASTIC ACTIVITIES**

## **EXTRACURRICULAR ACTIVITIES (include jobs held)**



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**PERSONAL STATEMENT (300-500 words) – Explain how this scholarship will help to achieve your goals.**

*By submitting this application, I have given permission to Sertoma to use my name and relevant information in all forms of publications, including, but not limited to print and web based.*

Signature \_\_\_\_\_ Date \_\_\_\_\_