



COMMUNICATIVE DISORDERS SCHOLARSHIP APPLICATION

*Academic Year 2015-2016
Deadline: March 30, 2015*



HEARING CHARITIES
OF AMERICA
Community • Communications • Commitment

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 3.2 GPA on a 4.0 scale for all undergraduate and graduate level course work. This must include the Fall 2014 semester.

DEADLINES

All scholarship applications and requested materials must be received at Sertoma headquarters by 4:00 pm Central Time on March 30th of each year. Faxes are not accepted. If the deadline falls on a weekend or holiday the applications are due the following Monday.

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
- 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, letters of recommendation, and transcript(s). The additional copy must blank 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 30th 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 preferred school.

School Attending _____

Degree _____

Level Masters Doctorate

Focus Audiology Speech Language Pathology

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

Cumulative GPA (as of completion of Fall 2014 semester)

Undergraduate _____/4.0 unweighted scale

Graduate _____/4.0 unweighted scale

Total credits required for graduate degree program

Total credits for 2015-2016 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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Please answer the following questions in the space provided - attachments will be discarded and the application not considered for the scholarship.

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 _____