

**South Dakota  
Speech, Language & Hearing  
Association**  
PO Box 308  
Sioux Falls, SD 57101-0308

**Two \$500 Scholarships are available for 2010-2011 to be awarded to:**

**An undergraduate (senior) BA student majoring in Communication Disorders at a South Dakota college or university who will be pursuing a master's/doctoral degree in the field of speech-language pathology and/or audiology**

**and/or**

**A BA level graduate (living in South Dakota) who is currently practicing in the profession or who has been a practicing clinician previously and is pursuing a master's/doctoral degree in the field of speech-language pathology and/or audiology.**

### **Eligibility Requirements**

The applicant:

- must be pursuing a master's degree in speech-language pathology and/or doctoral degree in audiology.
- must attend an ASHA accredited college and/or university.
- must provide the committee with his/her GPA, and an *unofficial transcript*.
- must be recommended by two college-level instructors and one other person on the basis of academic achievement, leadership ability, and character.

### **Use of Scholarship Funds**

Funds are to be used for tuition, books, and/or fees only.

Funds must be used during the next regular school year after the amount has been awarded. In the event that the recipient does not continue studies during that year, it is expected the scholarship will be returned.

### **Selection and Recognition**

Recipients will be formally recognized on Oct 2, 2010 during the Awards Luncheon at the South Dakota Speech Language and Hearing Association Annual Convention in Sioux Falls.

The scholarships will be awarded to *the two highest qualified candidates*, regardless of their status (traditional or nontraditional).

### **Application Deadline**

Completed forms must be sent to SDSLHA Scholarship Committee, attention: Jane Clem Heinemeyer, 520 S. First Ave, Sioux Falls, SD 57104, **received by September 15, 2010.**

### **Contact**

For more information contact Jane Clem Heinemeyer at (605) 336-7561, [jmcllem@usd.edu](mailto:jmcllem@usd.edu) or for application forms go to [www.sdslha.org](http://www.sdslha.org).

**SOUTH DAKOTA SPEECH, LANGUAGE AND HEARING ASSOCIATION**  
**Scholarship Application**

**Please print or type all information.** (An incomplete application will not be processed.)

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Why did you choose the field of speech-language pathology and/or audiology? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which college/university are you presently attending?

Name \_\_\_\_\_ Address \_\_\_\_\_

Which college/university will you be attending to pursue your Master's/Aud.D. Degree?

Name \_\_\_\_\_ Address \_\_\_\_\_

Your current college GPA: \_\_\_\_\_ Are you now employed? \_\_\_\_\_

Employer's Name \_\_\_\_\_

Briefly describe the type of work \_\_\_\_\_

\_\_\_\_\_

Please list all school and civic activities in which you have been involved. Be as specific as you can. (Examples: music, drama, speech, art, Scouts, church, community activities...) Attach a separate sheet if needed.

Name of Activity	Year(s) Active	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to have any and all information on this application verified by the SDSLHA Scholarship Committee. I certify that the information given in my application is factual and correct.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

SOUTH DAKOTA SPEECH LANGUAGE AND HEARING ASSOCIATION

**Scholarship Recommendation Form**

**3 recommendations are required for each applicant**

*(Form may be duplicated as necessary)*

Applicant's Name: \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Please describe the applicant's outstanding attributes or special skills, including any factors which should be taken into account when considering the applicant, including academics, achievements, participation in activities, and employment. For non-traditional students, clinical skill, work history, and any special circumstances should be included. Recommendations should be returned to the applicant in a sealed envelope (all materials required for the application should be sent as one packet).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date