



2017 SHAHV SCHOLARSHIP

(Deadline: April 15, 2017)

The Speech Language and Hearing Association of the Hudson Valley (SHAHV) is a professional association comprised of local speech-language pathologists and audiologists from Dutchess, Orange, Sullivan and Ulster counties in New York State.

It is the mission of SHAHV to provide resources to speech-language pathology and audiology professionals in the above counties to facilitate optimal evaluation and treatment of individuals with communication challenges. SHAHV is dedicated to arranging continuing education opportunities and encouraging a strong network of professionals to foster cooperative learning. Volunteers from the professions manage the association.

SHAHV is pleased to announce the 2017 SHAHV Scholarships. Each scholarship is in the amount of \$1000.00. The **undergraduate scholarship** will be awarded to an aspiring undergraduate speech-language pathology or audiology student and the **graduate scholarship** will be awarded to a current graduate speech-language pathology or audiology student. The intent of the scholarship is to assist deserving students who are completing an undergraduate or graduate degree in the field of speech-language pathology or audiology.

Applicants must meet the following criteria:

- Junior or senior undergraduate students or current graduate students with a declared major in the areas of speech language pathology or audiology. Junior students applying must have officially declared a major in Communication Disorders and completed 15 credits in the program.
- Permanent residence in Dutchess, Orange, Ulster or Sullivan Counties or currently attending the Communication Disorders Undergraduate or Graduate Program at SUNY New Paltz.
- Applicant *must* be a SHAHV member. A membership form can be found online at www.shahv.org.

Notification of award: The scholarship recipients will be notified in writing/e-mail and receive the award in the form of a check from the Speech Language and Hearing Association of the Hudson Valley. A note of thanks is expected to the SHAHV board for this gift.

2017 SHAHV SCHOLARSHIP APPLICATION

Completed applications *must be postmarked* by: **April 15, 2017**. The following requirements are to be received at the address below:

**SHAHV Scholarship
c/o Juli LaMoy
SHAHV Scholarship Chairperson
6 New Hurley Road
Gardiner, NY 12525**

- Completed application
- Attach **resume**: Please include employment and volunteer experiences
- **Two** letters of recommendation - One letter must be from a professor or teacher.
- Letters must be on **official letterhead** and must be **signed**. Electronic copies are acceptable.
- Essay – Two page limit, typewritten and double spaced
- Sign and date Scholarship Agreement

If you have additional questions, please contact:
Juli LaMoy at: jlamoy@gmail.com

Incomplete applications will not be considered for the scholarship award.

2017 SHAHV SCHOLARSHIP APPLICATION

Name: _____

Home Address: _____

Current Address: _____

E-Mail Address: _____

Telephone Number: _____

UNDERGRADUATE
COLLEGE/UNIVERSITY: _____ ___ B.A. or ___ B.S.

Graduate Date (conferred or expected): _____

GRADUATE
COLLEGE/UNIVERSITY: _____ ___ M.A. or ___ M.S.

Graduate Date (conferred or expected): _____

Date of SHAHV membership: _____

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Answer the following questions in essay form:

(Please limit essay to two pages total, double-spaced, with a 12 point font).

1. Why are you interested in pursuing a career in speech-language pathology or audiology?
2. How have your life experiences prepared you to work in the field of speech-language pathology or audiology?
3. What are your personal and professional goals?

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SCHOLARSHIP AGREEMENT

I understand that my application and supporting information becomes the property of the Speech Language and Hearing Association of the Hudson Valley and they shall have discretionary authority in all matters pertaining to this award. I further understand that this award is taxable in the United States (recipients from other areas should check their local tax laws).

I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Speech Language and Hearing Association of the Hudson Valley if there are any changes. I understand that payment of this award is contingent upon verification of enrollment in an approved undergraduate/graduate program and will be paid directly to the recipient. I have read and hereby accept the conditions, rules and regulations of this application and I agree to accept the decision of the judges as final.

Signature: _____

Date: _____