



2024 SHAHV SCHOLARSHIP

(Deadline: April 19, 2024)

The Speech - Language - Hearing Association of the Hudson Valley is a professional association composed 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 2024 SHAHV Scholarships. One (1) **undergraduate scholarship** will be awarded to an aspiring undergraduate speech-language pathology or audiology student in the amount of **\$1,000**. One (1) **graduate scholarship** will be awarded to a current graduate speech-language pathology or audiology student in the amount of **\$1,000**. 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:

- Current graduate student with a declared major in the areas of speech-language pathology or audiology.
- Junior or senior undergraduate student with a declared major in the areas of speech-language pathology or audiology. Applicants must have completed at least 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.

2024 SHAHV SCHOLARSHIP APPLICATION

Completed applications must be postmarked by: **April 19, 2024**. The entire completed application, including letters of recommendation, should be sent in one packet to:

**SHAHV
PO Box 248
Gardiner, NY 12525**

- Completed application
- A well written essay - two page limit, typewritten and double spaced
- Resume: Please include employment and volunteer experiences
- Two letters of recommendation - one letter must be from a professor or a teacher
- Letters must be on official letterhead and must be signed.
- Signed and dated *Scholarship Agreement*

Incomplete applications will not be considered for the scholarship.

Notification of award: The scholarship recipients will be notified via 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 appreciated to the SHAHV board for this gift.

Additional questions? Please contact: ***Rebecca Halpern, SHAHV Scholarship Chairperson***
at: rebeccahalpern72@gmail.com

2024 SHAHV SCHOLARSHIP APPLICATION

Name: _____

Home Address: _____

Current Address: _____

E-Mail Address: _____

Telephone Number: _____

How did you hear about the SHAHV Scholarship? _____

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): _____

SHAHV membership (date joined): _____

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Answer the following questions in essay form:

(Please limit the 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?

SCHOLARSHIP AGREEMENT

I understand that my application and supporting information becomes the property of the Speech-Language-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-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: _____