**BRAP AWARD**

**PURPOSE:** To award a speech-language pathology, audiology and/or speech science undergraduate or graduate candidate with a scholarship award for **registration** to attend the NYS Speech Language Hearing Association Convention on April 18-20 in Rochester.

**CRITERIA:**

1. Submit proof of regional membership in good standing.
2. Submit a well written essay of 250 words or less on the following topic:

 ***Why is it important to be an active member in your regional and state association?***

*(You must include examples of past participation in one or both associations)*

**DEADLINE FOR SUBMISSION: 2/23/2018**

* The entire completed application should be sent to ***Stacey Sinclair*** in one packet.
* Mail the packet to: ***Stacey Sinclair 240 Russell Ave Liverpool, NY 13088***
* Student selected for the award will be notified by telephone and by mail.
* Candidates may reapply in subsequent years, if they have not previously won the award. All Award winners must wait a period of two years before reapplying.

**STUDENT INFORMATION**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regional Membership \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Degree (circle): B.A. B.S. M.A. M.S. Au.D. Ed.D. Ph.D. Other (specify): \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Signature Date

I verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a member in good standing

of the regional association of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Regional Association

Signature of Regional President/Membership Councilor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_