SPALS

SPEECH PATHOLOGISTS AND AUDIOLOGISTS in LOUISIANA SCHOOLS

Scholarship Application

Date_____

Name_____
First Middle Last

Address_____
Street City Zip Code

_____
Parish Telephone Number Social Security #

Undergraduate Degree_____ GRE Score_____

Indicate the university you are attending_____

What is your major course of study?_____ GPA_____

How many graduate coursework hours have you completed?_____

What is your expected date of graduation?_____
Semester Year

1. List all scholarships and grants you have received or expect to receive:

Name of Scholarship	Amount	Length	School Year Received

2. List awards and honors you have received:

_____
_____
_____
_____
_____
_____

3. List community or civic involvement and offices held:

_____
_____
_____
_____
_____
_____

4. List extracurricular activities, including professional societies, and offices held:

5. Describe your academic goals and career plans:

6. Describe why receiving this scholarship would be meaningful:

I consent to the release of the above information provided for the purpose of evaluation by the SPALS Scholarship Committee or their appointed representatives.

Signature **Date**

SPALS
Scholarship Committee
P.O. Box 12177
Lake Charles, LA 70612