



## Scholarship Guidelines and Eligibility

Applications are available at [www.arksha.org/scholarship.pdf](http://www.arksha.org/scholarship.pdf).

1. The applicant must be enrolled in a Communication Sciences and Disorders graduate program in the state of Arkansas. (Proof of enrollment required - Faculty Advisor or Program Director signature.)
2. The applicant must be an Arkansas resident who, at present, plans to work in-state after graduation.
3. The applicant must submit a short narrative, not to exceed one-half page explaining their financial need for the scholarship.
4. The applicant must submit an undergraduate transcript.
5. Both professional and personal letters of recommendation must be submitted with the application (minimum 3, maximum 5).
6. The applicant's involvement in professional organizations such as ArkSHA, NSSLHA, AAA, etc. should be emphasized.
7. All applications must be received by October 1st to allow committee members ample time for consideration.
8. Failure to complete academic commitment will require a full refund of the scholarship amount to ArkSHA.
9. The scholarship winner(s) will be announced and presented with a check at the Annual ArkSHA Convention in October.

\*The Scholarship Committee will be composed of the ArkSHA President, Past President, President-Elect, Treasurer, and two additional members. Once the recipient is chosen by the Committee, that applicant will be presented to the ArkSHA Board for final vote and approval.

### Scholarship Application

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

University you are currently attending: \_\_\_\_\_

Fall Semester Hours: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number and ages of dependents, if any: \_\_\_\_\_

Number of years as a member of:  
ArkSHA \_\_\_\_\_ NSSLHA \_\_\_\_\_ AAA \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Advisor/Dept. Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail all required application materials to arrive before October 1, to:**

**ArkSHA Scholarship Committee  
P.O. Box 24103  
Little Rock, AR 72221**

**Questions? [arksha@arksha.org](mailto:arksha@arksha.org) | 501-244-0621**