

2012 BRAP SCHOLARSHIP

Sponsored by

New York State

Board of Regional Association Presidents

representing regional speech, language and hearing associations

Scholarship Qualifications

The Board of Regional Association Presidents is pleased to announce the 2012 BRAP Scholarship in the amount of up to \$500.00. The intent of this scholarship is to assist a deserving student who is completing a graduate or doctoral degree in the field of speech-language pathology or audiology.

The scholarship is open to all residents of New York State who are enrolled in a full or part-time graduate or doctoral program in the fall of 2011, in Speech-Language Pathology or Audiology. The applicant *must* also be a member of a regional speech, language and hearing association. (*CASHA, CNYSSLHA, GVSLHA, LISHA, NYCSSLA, SHAHV, SHAWNY, WSLHA*). 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.

Completed applications must be postmarked by: **February 15, 2012**. The following requirements are to be received at the address below:

BRAP SCHOLARSHIP
c/o Valerie Parker, BRAP Scholarship Chairperson
24 Old Colony Avenue
Tonawanda, NY 14150

- Completed application
- Two letters of recommendation - at least one from a teacher or professor. Letters must be signed and on official letterhead.
- Essay – typewritten and double-spaced.
- Letter of confirmation stating your membership in a NYS Regional Association. *A copy of e-mail from Regional Membership chair or executive board member is acceptable.*
- Attach resume. Please include work, volunteer and committee experiences.

If you have questions, please contact: BRAPScholarship@gmail.com. Incomplete applications will not be considered for this award.

Notification of award: There will be one recipient. The awardee will be notified in writing/e-mail and will receive up to five hundred dollars (\$500.00) in a check from the Board of Regional Association Presidents, pending proof of enrollment in a graduate or doctoral program in the field of speech-language pathology or audiology.

A formal presentation of the scholarship award will take place at the *2012 NYSSLHA Convention Honors and Awards Ceremony*. The recipient is encouraged to attend.

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Scholarship Application

Name : _____

Address:

College/University _____

Home _____

Regional speech-language-hearing association membership _____
(CASHA, CNYSLHA, GVSLHA, LISHA, NYCSHLA, SHAHV, SHAWNY, WSLHA)

E-mail address: _____ Telephone Number: _____

Your local *hometown* newspaper: _____

Graduate/Doctoral School you are attending or the program in which you have been accepted:

Year you are entering or entered graduate/doctoral program: _____

Advisor: _____

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Scholarship Agreement

I understand that my application and supporting information becomes the property of the Board of Regional Association Presidents 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 hereby affirm that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Board of Regional Association Presidents if there are any changes. I understand that payment of this award is contingent upon verification of enrollment in an approved graduate/doctoral 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.

Applicant Signature: _____ Date: _____