

## 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](mailto: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: \_\_\_\_\_