**Georgia Organization of School-Based Speech-Language Pathologists**

**Higher Education Scholarship Announcement**

Attention Speech-Language Pathologists working in a school and working toward higher education degrees- you are working hard, let us help you out! The Georgia Organization of School-Based Speech-Language Pathologists (GO SSLP) is proud to announce the Higher Education Scholarship. The $1500 award is given to the top 3 students who are currently enrolled in an Educational Specialist or Doctoral degree program accepted by the GA Professional Standards Commission for a Certificate Level Upgrade in speech pathology at the time of submission and a current GO SSLP member in good standing. Applicants must also be working within a Georgia school system or have worked for at least 2 years or more within the last 5 years in a GA school system. Application period opens March 15th and closes May 15th. Recipients will be notified by July 15th.

To be eligible for the award, applicants must be entering their second semester or beyond in an Educational Specialist or Doctoral degree program accepted by the GA PSC for a Certificate Level Upgrade in speech pathology. Applicants must be in good standing with the university program and also display exceptional scholastic achievement, leadership skills, and professional involvement in research or service within the areas of school-based speech-language pathology. The honorarium is to be used toward educational/ clinical expenses (e.g. books, clinical materials or equipment, tuition, or related expenses). You are dreaming of higher education; let us help you achieve it!

**Georgia Organization of School-Based Speech-Language Pathologists**

**Higher Education Scholarship**

The Georgia Organization of School-Based Speech-Language Pathologists (GO SSLP) is proud to announce the Higher Education Student Scholarship. The $1500 award is given to the top 3 students who are currently enrolled in an Educational Specialist or Doctoral degree program accepted by the GA Professional Standards Commission for a Certificate Upgrade in speech-pathology while they are working within a Georgia school system. Application period opens March 15th and closes May 15th. Recipients will be notified by July 15th.

Review committee will consist of the Membership Chair, Past Chair, 2 Regional Representatives, and Recruitment Committee Chair. Application period opens March 15th and closes May 15th. Recipients will be notified by July 15th.

To be eligible for the award, applicants must be entering their second semester or beyond in graduate studies in an Educational Specialist or Doctoral degree program accepted by the PSC for higher salary status as a school-based speech-language pathologist while they are working within a Georgia school system. Applicants must be in good standing with the university program and also display exceptional scholastic achievement, leadership skills, and professional involvement in research or service within the areas of school-based speech-language pathology. The honorarium is to be used toward educational/ clinical expenses (e.g. books, clinical materials or equipment, tuition, or related expenses).

Application Requirements:

* Complete application form
* Typed response to essay question
* Submit a completed Recommendation Form from a supervising faculty member
* Open to all PK-12 school-based speech-language pathologists who are members in good standing with GO SSLP and in good standing with their school department/program
* Attach a current vita which includes school history, work history, volunteer activities, etc.
* Currently working within a Georgia school system or have worked in a GA school system for at least 2 years or more within the last 5 years
* Recipients will be notified by July 15th and will be recognized at the GO SSLP Spring Best Practices Conference.
* Recipients will also provide a letter of acceptance to be published in the Spring GO SSLP newsletter which will be a summary of the recipient’s essay points.

**ESSAY**: Describe the learning experiences that you have completed or will complete during your higher education academic career that have deepened your understanding of the field of school-based speech-language pathology and how you plan to implement what you learn with the services you provide for your students. Also, indicate how the awarded funds may help you in achieving this goal. Limit response to 2000 words or less, typed.

**Application Submission Opens March 15th – Closes May 15th**

**Application may be mailed to:**

**GO SSLP Executive Office
2700 Cumberland Parkway, Suite 570
Atlanta, GA 30339**

**OR The application packet may be emailed to: Kathryn Stempler at kathryn@associationstrategygroup.us**

**Georgia Organization of School-Based Speech-Language Pathologists**

**School-Based Speech-Language Pathologist Higher Education Scholarship**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening or mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Name and Academic Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Point Average (at the time of submission): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Contact Information (City, State, Zip, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Degree Completion (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Degree Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Georgia Organization of School-Based Speech-Language Pathologists member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that I intend to pursue a career as a school-based or early intervention speech-language pathologist. I certify to the best of my knowledge, the information submitted in this application is accurate and that I completed this application independently. I also certify that I have read and understand the requirements for submitting this scholarship application.

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

**Student Verification (please have a supervising faculty member complete this section):**

I verify that the above named individual is currently a student entering their second semester or beyond in good standing with the department/program.

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

Printed name Position

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

Signature Date

**Georgia Organization of School-Based Speech-Language Pathologists**

**Higher Education Student Scholarship**

**Recommendation Form**

The Georgia Organization of School-Based Speech-Language Pathologists (GO SSLP) is proud to announce the Higher Education Student Scholarship. The $1500 award is given to the top 3 students who are currently enrolled in an Educational Specialist or Doctoral degree program while they are working or have previously worked within a Georgia school system as a school-based speech-language pathologist. To be eligible for the award, applicants must be entering their second semester or beyond in an Educational Specialist or Doctoral degree program accepted by the GA Professional Standards Commission for a Certificate Upgrade in speech pathology. Applicants must be in good standing with the university program and also display exceptional scholastic achievement, leadership skills, and professional involvement in research or service within the areas of school-based speech-language pathology.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University and Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (e-mail and phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| Please answer the following questions.  | Yes | No |
| Is the student in good academic standing within your program? |  |  |
| Has this student expressed an interest in implementing coursework within their work/school setting?  |  |  |
| Has this student demonstrated professional leadership with respect to completing their coursework either in independent study or with peers?  |  |  |
| Based on the quality of the student’s relationship with their mentors and fellow students, would you recommend them for the GO SSLP Higher Education Scholarship? |  |  |
| Additional comments: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I certify that to the best of my knowledge, the information submitted in the reference is accurate.

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

Signature Date

**Please submit by May 15th to:**

**GO SSLP Executive Office
2700 Cumberland Parkway, Suite 570
Atlanta, GA 30339**

**OR may be emailed to: Kathryn Stempler at kathryn@associationstrategygroup.us**