

## **DOCTORAL AWARD APPLICATION**

**PURPOSE:** To award a speech-language pathology or audiology doctoral student scholarship of one thousand dollars to help fund their doctoral research.

**CRITERIA:**

- A. LISHA member in good standing
- B. Verification of doctoral status by program chair
- C. Current transcript
- D. Current vitae
- E. Two letters of recommendation/support (one from Department Chairperson required)
- F. Describe your proposal for doctoral research, to include area of doctoral research and population served, in one typed page of 500 words

**DEADLINE FOR SUBMISSION: April 1st**

- The completed application should be sent to LISHA, PO Box 133, Mastic Beach, NY 11951-0133.
- The student selected for the award will be notified and invited with guests to our May is Better Hearing and Speech Awards Night. (*Check website for times and location.*)
- 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.

### **STUDENT INFORMATION**

Name: \_\_\_\_\_ LISHA Membership #: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Anticipated Degree (circle): Au.D. - Ed.D. - Ph.D. - Other (specify): \_\_\_\_\_

Name of University: \_\_\_\_\_ University Chairperson: \_\_\_\_\_

Chairperson's Phone and e-mail: \_\_\_\_\_

I verify that \_\_\_\_\_ is a full time doctoral student at  
(Student)

\_\_\_\_\_  
(University)

Signature of University Chairperson: \_\_\_\_\_

\_\_\_\_\_  
Student Applicant Signature

\_\_\_\_\_  
Date