

## CMD Scholarship Application

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_\_ Student Identification Number: \_\_\_\_\_

**Graduate Students:** List all undergraduate and graduate colleges attended and degrees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Undergraduate Students:** List all undergraduate colleges attended and number of credits completed at each:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your principal source of income: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Job: \_\_\_\_\_

Please submit the following materials to Dr. Diana Newman by **March 28, 2008**

- A. **Grade point average:** Please submit a copy of your SCSU transcript with grades through the Fall semester 2007. Students may submit unofficial transcripts printed from the SCSU Website.
- B. **Recommendation Letters:** Please submit two (2) letters of recommendation using the attached forms.
- C. **Personal Statement:** Please submit a personal statement that highlights your interest in speech-language pathology or audiology, your future professional aspirations, and an indication of financial need. This statement should be 1-2 pages in length.