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

**Ruth Callahan Graduate Student Scholarship Announcement**

Attention graduate Speech-Language Pathology students- 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 Ruth Callahan Graduate Student Scholarship, in honor of Ruth Callahan and her many contributions to the field of school-based speech-language pathology and within GO SSLP. The $1000 award is given to the top 2 graduate students whose primary career goal is to provide services to children in the school system following graduation. Application period opens March 15th and closes May 15th. Recipients will be notified by July 15th.

To be eligible for the award, applicants must have completed at least one year and presently enrolled in graduate studies in an accredited Master’s program in Communication Sciences and Disorders (Speech-Language 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 being an SLP; let us help you achieve it!

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

**Ruth Callahan Graduate Student Scholarship**

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Application Requirements:

* Complete application form
* Typed response to essay question
* Submit a completed Recommendation Form from a supervising faculty member
* Attach a current vita which includes school history, work history, volunteer activities, etc.
* 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 or clinical experiences that you have completed during your academic career that has prepared you and what future steps you are taking for a role as a school-based speech-language pathologist. 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**

**Ruth Callahan Graduate Student 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 entering as a second or third year graduate student in good standing.

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

Printed name Position

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

Signature Date

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

**Ruth Callahan Graduate Student Scholarship**

**Recommendation Form**

The Georgia Organization of School-Based Speech-Language Pathologists (GO SSLP) is proud to announce the Graduate Student Scholarship. The $1000 award, funded by GO SSLP, is given to the top 2 graduate students whose primary career goal is to provide services to children in the school system following graduation and who also demonstrate exceptional scholastic achievement, leadership skills, and professional involvement in research or service within the areas of school-based speech-language pathology. Applicants must be in good standing with the university program.

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 pursuing a career in the school setting? |  |  |
| Has this student taken coursework or practicum to prepare them for the school setting? |  |  |
| Based on the quality of the student’s relationship with their mentors, would you recommend them for the GO SSLP Graduate Scholarship? |  |  |
| Additional comments: |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

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

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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**