

Please e-mail your completed application to info@procaretherapy.com or fax to: 800-510-5033

Application for Scholarship
Summer 2009



ProCare Therapy Graduate Scholarship in Speech-Language Pathology Application

Name _____ Social Security No. _____ - _____ - _____

Local Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Local Telephone (____) _____ Permanent Telephone (____) _____

E-mail address: _____

Country of Citizenship _____ Visa Type and Number, if applicable _____

Native Language _____

Education: ___ BS ___ BA Major area of concentration _____

___ MS ___ MA Major area of concentration _____

University: _____

Anticipated Graduation Date: ____/____/____

1. How did you become interested in the field of speech-language pathology?

2. Upon your graduation, in what states are you willing to work?

3. Please attach a copy of your most updated resume.

4. Please attach a one page double-spaced essay detailing why you want to become a school speech pathologist.