

Please complete and return this copy with your application package to:
info@procaretherapy.com

Application for Scholarship to begin:

Summer 20____

Fall 20____

Spring 20____

ProCare Therapy

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.