



January 15, 2018

Dear University Colleague:

The Communication Disorders Foundation (CDF) of Virginia is pleased to sponsor one \$3,000 student scholarship (Rita Purcell-Robertson Scholarship) and one \$1,500 student scholarship (David H. Narburgh Scholarship) which will be awarded based on available funding. The scholarships will be awarded to two current or rising master's students in Audiology or Speech-Language Pathology enrolled in one of the following universities in Virginia: Hampton University, James Madison University, Longwood University, Old Dominion University, Radford University, or the University of Virginia. The scholarships are designed to recognize students who have demonstrated outstanding **clinical potential**. Last year's scholarship recipients were Elizabeth Rainville, Old Dominion University, Rita Purcell-Robertson Scholarship; and Victoria Thomas, University of Virginia, David H. Narburgh Scholarship.

The application packet is included as an attachment to the current e-mail message and is also available on our website at www.cdfvirginia.org The student applicant must:

1. Complete the application form,
2. Solicit three recommendations to be completed on the enclosed forms, and
3. Completely and thoughtfully answer the three questions contained in the packet. Responses will be evaluated for clarity, cohesion, mechanics, and enthusiasm for the professions and future professional roles.

Scholarship requirements:

- The student applicant must be a full-time graduate student during the 2018-2019 school year. If the student plans to graduate in December 2018, then full-time attendance during the Fall of 2018 is required. The scholarship will be forfeited if the student does not attend the school of record as a full-time student.
- The completed application must be postmarked by **April 16, 2018**.
- All documents are to be mailed to CDF **in one envelope**.
- The student is encouraged to obtain at least one recommendation from an individual who has observed the student's clinical and/or academic skills or has noted personal qualities that predict clinical potential.
- No more than one of the three recommendations may be from someone other than a clinical supervisor or academic instructor: for example, a non-family member who knows the applicant well and can speak to character, initiative, and commitment.
- **Incomplete packets will not be considered**. To be considered complete, a packet must include the application form, three recommendation letters (**including both Parts A and B**), and the applicant's response to the three provided questions. Additionally, the student must follow all instructions for completing the application packet and its contents and do so by the deadline.

Award decisions will be finalized in the Summer of 2018 and the winners will be notified by e-mail. An announcement of the award decisions will be posted on or after July 10 on www.cdfvirginia.org

Please help us to increase exposure regarding the availability of these scholarships by disseminating this letter, the attached Scholarship Announcement, and application packet to those who will be full-time master's students in Fall 2018 at your university. Thank you for helping us to recognize outstanding clinical potential in the graduate students of Virginia. If you have any questions, please feel free to contact me.

Sincerely,

Peggy Agee

Peggy C. Agee, SLPD, CCC-SLP
CDF Scholarship Committee
E-mail: ageepc@longwood.edu



ANNOUNCEMENT

CDF GRADUATE STUDENT SCHOLARSHIPS AVAILABLE

The Communication Disorders Foundation of Virginia (CDF) is pleased to offer one \$3,000 graduate student scholarship (Rita Purcell-Robertson Scholarship) and one \$1,500 graduate student scholarship (David H. Narburgh Scholarship) for the 2018-2019 academic year. These scholarships will be awarded based on available funding. These scholarships are designed to recognize students who have demonstrated outstanding clinical potential. The two awards will be granted to current or rising master's degree students in Speech-Language Pathology or Audiology enrolled in one of the following universities in Virginia: Hampton University, James Madison University, Longwood University, Old Dominion University, Radford University, or the University of Virginia. For application requirements and additional information, please contact the clinic director/NSSLHA faculty advisor at your school, visit www.cdfvirginia.org, or contact Dr. Peggy C. Agee, CDF Scholarship Committee, by e-mail at ageepc@longwood.edu

Application Deadline: April 16, 2018

Checklist of items needed for scholarship application:

- Completed application form
- Three letters of recommendation (in sealed envelopes signed across the seal by the recommender). The student is encouraged to obtain at least one recommendation from an individual who has observed the student's clinical and/or academic skills or has noted personal qualities that predict clinical potential. No more than one recommendation may be from someone other than an academic or clinical instructor. For example, the student may request one recommendation from a non-family member who knows the applicant well and can speak to initiative, creativity, character, etc.
- Responses to the three questions contained in the current application packet

**PLEASE CHECK ALL DOCUMENTATION FOR ACCURACY.
PLACE ALL ITEMS IN ONE ENVELOPE AND MAIL TO:**

Dr. Peggy C. Agee/Longwood University/201 High Street/ Farmville, VA 23909



STUDENT SCHOLARSHIP APPLICATION FORM

Name _____

Phone _____ e-mail _____

Address _____

University presently attending _____

University attending in 2018-2019 _____

Expected date of graduation from master's degree program _____

Full-time status 2018- 2019? yes no

Currently a master's student? yes no

Please provide the following information regarding the persons providing recommendations:

1) Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to applicant: _____

2) Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to applicant: _____

3) Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to applicant: _____

Please answer the following questions and enclose your answers along with the application and the sealed recommendations in one packet. **DO NOT mention the name of your current or previous university in your responses to questions.** Completely and thoughtfully answer the three questions. Responses will be evaluated for clarity, cohesion, mechanics, and enthusiasm for the professions and future professional roles.

1. How did you choose the profession of audiology or speech-language pathology?
2. If funds/resources were not an issue, what topic or area of study would you pursue to improve your effectiveness and knowledge as a communication disorders specialist?
3. What do you think are your professional obligations as a practicing audiologist or speech-language pathologist? What would you like to contribute to your profession?



STUDENT SCHOLARSHIP RECOMMENDATION FORM

PART A

Instructions to Students: Please make available copies of the next two pages for each of your three recommenders and sign and date this form before distributing to recommenders. Ask recommenders to return the completed recommendation to you in a sealed envelope.

APPLICANT'S NAME _____

UNIVERSITY _____

- I hereby waive my right to read this recommendation.
- I do not waive my right to read this recommendation.

Applicant's signature

Date

PART B

Instructions to Recommenders: Please rate the applicant using the checkboxes below; answer the questions on the following page and provide a written recommendation addressing the strengths noted on the scale below (the total length of the written recommendation should not exceed two pages). Please sign and date the following page. Return your recommendation form and written recommendation to the scholarship applicant in a sealed envelope, with your signature across the envelope flap, for submission with the remaining items of the scholarship application packet.

Scale: 1 (Poor), 2 (Below Average), 3 (Average), 4 (Good), 5 (Excellent), *Not Observed

	1	2	3	4	5	*
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and/or criticism						
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease and dignity of manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“People” skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

In what capacity? _____

In the space below, comment on the applicant's strengths as identified in the previous scale.

 Recommender's signature

 Date

 Printed name

 Position and/or Relationship to Student

For further questions, please contact:

*Peggy C. Agee, SLPD, CCC-SLP
 CDF Scholarship Committee
 E-mail: ageepc@longwood.edu*

*Longwood University
 201 High Street
 Farmville, VA 23909*