

DEPARTMENT OF COMMUNICATION SCIENCE AND  
DISORDERS

Application Form for

THE UNIVERSITY SPEECH AND HEARING SCHOLARSHIP

If you would like to be considered for the University Speech and Hearing Scholarship,  
please type or clearly print the following information:

FULL NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (middle)

Student ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)  
Local Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

UNCG E-mail: \_\_\_\_\_ Off-campus Email: \_\_\_\_\_

Local Telephone number: \_\_\_\_\_

Classification (circle one): FR SOPH JR SR GRAD

Expected Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Department & Major Concentration: \_\_\_\_\_

Advisor: \_\_\_\_\_

*To complete the application, please attach a:*

- ✓ UNC Genie Transcript
- ✓ *type-written statement of your professional goals*
- ✓ *resume\* (suggested headings include: professional experience; participation in departmental, school, or university activities and organizations; community; honors and awards)*

*Make a copy of all material. Keep the copy for your records and send the original to the CSD departmental secretary in Ferguson 300.*