

APPLICATION FOR LSHA LEADERSHIP SCHOLARSHIP

Name _____

Email address _____

Date received CCC _____

LSHA member? _____ (number of years)

ASHA member? _____ (number of years)

Other professional organizations (give name and number of years)

Leadership roles in LSHA and/or other professional organizations

Goals for yourself and for LSHA to be accomplished during the scholarship year

Submit the above application plus 1-2 letters of support from professionals to:
Nancye C. Roussel, PhD. Dept of Communicative Disorders P.O. Box 43170, Lafayette,
LA . 70504-3170 or by email to: ncroussel@louisiana.edu