



**DEPARTMENT OF
COMMUNICATIVE DISORDERS**
University of Wisconsin-Madison

COMMUNICATIVE DISORDERS DEPARTMENT
2012 AWARDS AND SCHOLARSHIP APPLICATION
DUE FEBRUARY 24th 2012

NAME _____ Student ID # _____
EMAIL ADDRESS: _____

AWARD _____

NOTE: Students are permitted to apply for more than one award, but they must submit separate applications for each award.

Students must ensure that they are eligible for each award for which they are applying

INSTRUCTIONS:

1. SUBMIT THIS FORM AND ACCOMPANYING MATERIALS ELECTRONICALLY BY FEBRUARY 24: litovsky@waisman.wisc.edu
2. IN EMAIL SUBJECT LINE: YOUR NAME, AWARD NAME
3. COMPILE THIS FORM AND ALL MATERIALS LISTED BELOW INTO A SINGLE PDF FILE
4. FORMAT FOR NAME OF FILE: LAST NAME_FIRST NAME_name of the award
5. INCLUDE IN PDF FILE:
 - a. Application form
 - b. Cover letter (250-300 words maximum)
 - c. Resume
 - d. Current transcripts (can be student copy)
6. ASK 2 FACULTY MEMBERS (ACADEMIC OR CLINICAL) FOR RECOMMENDATION FORMS, TO BE EMAILED DIRECTLY TO DR. LITOVSKY BY THE RECOMMENDERS.

Check one:

Undergraduate SLP Masters Ph.D.

GPA _____ GPA in Major _____

GRE Verbal _____ Quant _____ Analytical Writing _____

Undergrads only: ACT _____ or SAT _____

NAME OF RECOMMENDERS (2 REQUIRED)

You must give the recommendation form to your recommenders to fill out.

1. _____
2. _____