

REQUEST FOR FINANCIAL ASSISTANCE
Department of Communication Science and Disorders
University of Missouri-Columbia

NAME _____

MAILING ADDRESS _____

PHONE _____ E-MAIL ADDRESS _____

I wish to be considered for the traineeship(s)/scholarship(s)/loan checked below, for the _____ semester(s), 20__/20__ academic year. I understand that all University Graduate School and Departmental admission requirements must be met prior to consideration for this assistance and that students must be enrolled on a full-time basis in order to receive financial assistance.

_____ **ROGER S. WILLIAMS MEMORIAL SCHOLARSHIP**

For those planning to work with speech-language problems resulting from stroke. Stipends approximately \$1000 per semester. Requires 4 hours per week of work with department faculty. Awarded on a one-semester basis. May be awarded for a second semester depending on availability of funds and student's performance.

_____ **HARRY S. TRUMAN VETERAN'S HOSPITAL TRAINEESHIP**

Involves approximately 15 – 20 hours weekly of supervised clinical practice at the V.A. Hospital for a four to six month period. Stipends are approximately \$4000. For second-year students only.

_____ **IRMA GREEN LAFOLLETTE SCHOLARSHIP**

JOANN GOODMAN GUM MEMORIAL SCHOLARSHIP

NORMA LEE LUCAS MEMORIAL SCHOLARSHIP

Awarded to students in speech-language pathology on the basis of academic merit and financial need.

_____ **MCH-MO PARTNERSHIP FOR LEADERSHIP EDUCATION TRAINEESHIP**

Involves interdisciplinary coursework for students especially interested in pediatrics. Stipend approximately \$6500 per year. One year participation.

_____ **RESEARCH ASSISTANTSHIP**

Requires 10 hours per week with departmental faculty. Stipends are approximately \$2150 per semester and include waiver of tuition/fees.

1. Where do you intend to complete your master's degree?
2. Explain your reason(s) for requesting financial assistance (you may continue your responses on the back of this page)?
3. If awarded financial assistance, are you willing to fulfill the responsibilities required by the dictates of the award?

_____ Date

_____ Signature

Please complete this form and return it to:

Director of Graduate Studies, University of Missouri-Columbia, 303 Lewis Hall, Columbia, MO 65211-4280

9/2001