

STUDENT LEADERSHIP DEVELOPMENT PROGRAM 2019 PROGRAM APPLICATION FORM



*This Event is Sponsored By
The Inter-Univ. Council of Speech &
Hearing Supervisors*

**THE APPLICATION PACKET
IS DUE BY
JANUARY 11, 2019**

This application will serve as the basis upon which participants will be selected for the 2019 OSLHA Student Leadership Development Program to be held March 7, 2019 at the Hyatt Regency in Columbus, OH. Please type responses to the following items in the spaces provided and respond to professional history and personal statement.

APPLICATION PACKET SUBMISSION INSTRUCTIONS:

- 1. Please complete this form in its entirety. All information is required.** *If you have difficulty with the form, be sure you have the most current version of Acrobat Reader (free). Go to www.adobe.com. Click: Get Adobe Reader. Choose your operating system. Download.*
- 2. Complete form, Save and/or Print form**
- 3. Email this form and 2 Letters of Support as attachments to: oslhaoffice@ohioslha.org.**

If you do not receive an E-mail confirming receipt of your Application Packet within three business days of submission, or have difficulty submitting, please contact the OSLHA Office at oslhaoffice@ohioslha.org or 800.866.OSHA

NAME OF CANDIDATE:

PREFERRED NAME (as you would like it to appear in correspondence):

INSTITUTION WHERE ENROLLED: (must be enrolled as a student at the time of the program):

ACADEMIC PROGRAM (MAJOR) OF STUDY:

ACADEMIC LEVEL & YEAR:

Undergraduate Level

Choose Year:

Graduate Level

Choose Year:

Doctoral Level

Year:

CURRENT GPA (at time of application):

ARE YOU A U.S. CITIZEN, PERMANENT RESIDENT OF THE U.S., OR HAVE AN F-1 STUDENT VISA?

YES

NO

OFFICE/DEPARTMENT ADDRESS:

CITY:

STATE:

ZIP:

PHONE # with A/C:

FAX:

E-MAIL:

HOME ADDRESS:

CITY: **STATE:** **ZIP:**

PHONE # with A/C: **CELL # with A/C:**

E-MAIL:

PLEASE INDICATE BELOW WHERE YOU CAN BE CONTACTED in January 2019:

ADDRESS:

CITY: **STATE:** **ZIP:**

PHONE # with A/C: **CELL # with A/C:**

E-MAIL:

PLEASE CHECK THE FOLLOWING STATEMENT, AGREEING TO TERMS:

- YES, I ACKNOWLEDGE THAT OSLHA WILL PROVIDE UP TO \$60 FOR REIMBURSEMENT OF EXPENSES TO SUPPORT MY PARTICIPATION AND THAT I AM RESPONSIBLE FOR ACQUIRING THE RESOURCES TO OFFSET ALL COSTS BEYOND THAT AMOUNT. I UNDERSTAND THAT I MUST PROVIDE RECEIPTS AND A COMPLETED MILEAGE EXPENSE FORM (provided onsite) FOR REIMBURSEMENT OF EXPENSES. I UNDERSTAND THAT PARTICIPATION IN THIS PROGRAM REQUIRES MY ATTENDANCE AT THE ENTIRE PROGRAM THAT INCLUDES ATTENDANCE AT THE THURSDAY EVENING LEGISLATIVE COUNCIL MEETING.

PROFESSIONAL HISTORY

LIST YOUR THREE MOST RECENT JOBS, INCLUDING DATES OF SERVICE:

MAJOR ACCOMPLISHMENTS (List Three):

EDUCATION (NAMES OF INSTITUTIONS) WHERE ALL EARNED DEGREES WERE OBTAINED, KIND OF DEGREE, AREA OF CONCENTRATION, AND YEAR GRANTED:

COLLEGE/UNIVERSITY SERVICE/VOLUNTEER ACTIVITIES (List Names, Dates, and Types of Service and Identify any Leadership Posts):

HONORS / AWARDS:

CIVIC AND COMMUNIITY ACTIVITIES (List, with dates and locations, the names of organizations and leadership posts, if any) :

PERSONAL STATEMENT:

USE THIS PAGE TO INDICATE: (1) WHY YOU ARE APPLYING FOR THIS PROGRAM, AND (2) WHAT YOU HOPE TO GAIN FROM THE EXPERIENCE, (3) WHAT YOUR GOALS ARE POST GRADUATION:

***The Application Packet (completed Application Form, and Support Letters) is due by JANUARY 11, 2019.
Save form and Send electronically to: oslhaoffice@ohioslha.org (details on front page of this application).
You will be notified of final selection by the end of January, 2019***