



PENNSYLVANIA SPEECH-LANGUAGE-HEARING ASSOCIATION

The Von Drach Memorial Scholarship

Application Cover Sheet

Name _____

Current Mailing Address _____

Current Phone Number _____ Alternate Phone Number _____

Email Address _____

PA College or University Attending _____

PSHA Member (Circle one) Yes No

Academic Degree Enrolled in (check one):

Master's Degree in Speech-Language-Pathology/Communication Disorders

Master's Degree or AuD in Audiology

Bachelor's Degree in Educator of the Hearing Impaired

Application Requirements to be attached

- ✓ Letter of Application from nominee
- ✓ 2 Letters of recommendation
- ✓ School Transcripts (official or unofficial)

SEND COMPLETED APPLICATION TO:

*PSHA Office
700 McKnight Park Drive
Suite 708
Pittsburgh, PA 15237
psha@psha.org
412-366-9858*