



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:

*PHSA Office  
800 Perry Highway Suite 3  
Pittsburgh, PA 15229  
[psha@psha.org](mailto:psha@psha.org)  
412-366-9858*

