

University Information

Applicant's Name: _____
Last *First* *M.I.*

Name of University: _____ Date: _____

Address: _____
Street Address

City *State* *ZIP Code*

Phone: () _____

Expected date of graduation: _____

Certification of Program Acceptance

I, _____, hereby certify that _____
(Name of advisor) (Name of applicant)

has been accepted or is currently enrolled in the _____
(Name of University)

School Psychology program.

Advisor's Signature _____

Advisor's E-Mail _____

Date _____

Applicant's Name _____ Date _____

Letter of Recommendation

The IASP Dr. Mary Lynne Slonaker Memorial Scholarship is awarded annually to students enrolled in a school psychology program in the state of Indiana.

The student whose name appears above is applying for the scholarship. The Selection Committee would appreciate your help as they consider his/her application. In your recommendation, please report to the following points as fully as you can.

1. How long have you known the applicant and in what capacity?
2. What are the applicant's strengths and talents?
3. Please give your assessment of the applicant's interest in the field of School Psychology.
4. Please include your assessment of the applicant's interpersonal skills.
5. Please feel free to add any special attributes or skills which would relate to the field of School Psychology.

Please return your letter of recommendation directly to the student who will include it in his/her application packet. **Please do not send your recommendation to IASP.**

Applicant Release

For completion by the applicant:

An original signed copy of this release must accompany **EACH** Letter of Recommendation submitted in the application packet; a total of two (2) letters of recommendation are required. **Please make copies of this page and complete for each Letter of Recommendation you submit.**

I, _____, hereby authorize the person writing this Letter of
(Applicant's name)
Recommendation, _____, to release any and all information

required on this form to the IASP Scholarship Committee.

Applicant Signature

Date

Verification of Application

I have read and understand the conditions of this application; the information contained and included within is true, complete and correct; and to the best of my knowledge and belief, I am eligible to receive the Scholarship.

If the Indiana Association of School Psychologists Dr. Mary Lynne Slonaker Memorial Scholarship should be awarded to me, I recognize I will have a moral obligation to repay any sums paid to me if an investigation reveals that I have voluntarily failed to continue to demonstrate the qualities that led to my selection.

Applicant's Name

Signature of Applicant

Date

I verify that this student is currently enrolled and is a student in good standing.

Signature of Program Director

Date

Please return completed application packet to:

Indiana Association of School Psychologists
125 West Market Street, Suite 300
Indianapolis, IN 46204
Phone # 317-472-6955
Toll Free # 866-518-4472