



TASP Scholarship Application

Applicant Name: _____ **Sex:** _____

Address: _____ **Phone:** _____

Alternate Phone(s): _____ **SS#:** _____

University Name and Address: _____

University Program: _____ **Year:** _____

Advisor: _____ **Phone:** _____

Applicant Signature: _____ **Date:** _____

Application Document Checklist:

_____ Completed Scholarship Application

_____ Unofficial transcript of all graduate work and GPA in current program

_____ Curriculum vitae that includes education, awards, honors, work/practica experience, and professional activities (i.e., research, publications, workshops and other presentations)

_____ Professional statement, not to exceed one single-spaced typewritten page that includes a brief description of applicant's potential contribution to a critical issue facing the field of School Psychology

_____ Essay, not to exceed one single-spaced typewritten page expressing need/plan for scholarship

_____ One letter of recommendation provided by applicant's program advisor or program director

Submit completed applications by Friday, September 29th to:

Kristin Streich

TASP Graduate Student Representative & Scholarship Coordinator

graduatestudentrep@txasp.org