

Please e-mail your completed application to evelyn.hall@bilingualtherapies.com or fax to: 800-772-1132

Application for Scholarship
Summer 2009

Bilingual Therapies

Spanish Speech-Language Pathology

Application for the Bilingual Therapies Symposium Scholarship Program San Juan, Puerto Rico

Name _____

Local Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Local Telephone (____) _____ Permanent Telephone (____) _____

E-mail address: _____

Country of Citizenship _____ Native Language _____

Education: ____ BS ____ BA Major area of concentration _____

____ MS ____ MA Major area of concentration _____

University: _____ Anticipated Graduation Date: ____/____/____

1. How did you learn to speak a second language?

2. What states, population and setting are you interested in working in after graduation?

3. Please attach a copy of your most updated resume.

4. Please attach a one page double-spaced essay detailing what interests you about bilingual speech-language pathology and Bilingual Therapies.