Texas Society of Allied Health Professions
Student Award Application

The Texas Society of Allied Health Professions (TSAHP) awards up to four (4) student awards of $500 each at its fall conference annually. The student awards will be presented to allied health students who have demonstrated scholastic achievement and a commitment to service in their profession and community. The student awards will be offered to students of TSAHP academic institutional members.

To be eligible for the student award, students must have successfully completed 24 hours or 50% of their professional program (whichever is greater) and must have at least a 3.0 cumulative GPA on a 4.0 system. Students must be enrolled on a full- or part-time basis at a college or university that is an institutional member of the Texas Society of Allied Health Professions. Students must also be enrolled in the fall semester in which the award is presented. There is no limit to the number of applicants an institution may submit for each category. The application must be sent through the Dean, Chair, or Department Head of a program affiliated with a TSAHP institutional member. Student awards will be given in the following categories:

- Community College Student
- Undergraduate Student
- Graduate Student
- Unrestricted (student may fall in any category)

Selection Criteria:
- GPA (in major)
- Level and significance of the civic activities
- Level and significance of the school/professional activities including offices held, as well as presentations and publications
- Student’s potential for future achievement (program representative will submit a discussion of the student’s potential as part of the student award application. Applicants may submit up to two additional letters of recommendations, if desired)
- Recommendation of Department Chair/Dean
- Enrolled in fall semester in which award is presented

Completed applications may be sent by fax, email or regular mail. If using mail service, the application must be postmarked by May 31 and returned to:

Lori Rice-Spearman, Ph.D.
Associate Dean of Learning Outcomes and Assessments
School of Allied Health Sciences
Texas Tech University Health Sciences Center
3601 – 4th Street STOP 6281
Lubbock, Texas 79430-6281
Telephone: (806) 743-3252
Email: lori.ricespearman@ttuhsc.edu
Texas Society of Allied Health Professions
Student Award Application

Instructions: Please print or type application. Student must be enrolled in fall semester in which award is presented.

Name: ____________________________________________
                        (Last)                     (First)                     (Full Middle)

Address and Telephone Number:

Current:                                                                 Permanent:

__________________________________________________________
(Street Address)                                                                 (Street Address)

__________________________________________________________
(City/State/Zip)                                                                 (City/State/Zip)

(____) __________________________ (____) __________________________
(Day Telephone)                                                               (Evening Telephone)

Email Address: __________________________________________________________________________

Department/Discipline ________________________________________________________________

Institution: __________________________________________________________________________

Number of semester hours completed as of May 2014: __________________

Expected Date of Graduation:         Month: __________ Year: __________

Degree expected (BA, AA, MS, MPT, MPAS, DPT, etc.): __________________
### High School and Colleges Previously Attended and Degrees Received

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Years Attended</th>
<th>Date Graduated</th>
<th>Degree/Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Civic and College Honors and Awards Received
(Examples: Dean’s List, Who’s Who, Scholarships, and other academic and non-academic awards received. Please indicate dates and conferring institution.)

<table>
<thead>
<tr>
<th>Award Received</th>
<th>Conferring Institution</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School Activities
(Examples: student government, student committees or organizations, special projects, assisting faculty with instructional activities or research)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Institution</th>
<th>Dates of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Professional Memberships and Activities: (Examples: participation in local, state and national associations; serving on committees for the same. Please indicate if profession has student membership and whether it is a local, regional, state or national organization.)

<table>
<thead>
<tr>
<th>Membership/Activities</th>
<th>Membership Type (Local/State/Regional/National)</th>
<th>Student Membership Yes or No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Publications and Presentations: (Use the following format: Author(s): date of publication or presentation, “Title of publication or presentation”; journal where published or association and place where presented.) (Example: Doe, John: (2002) “Honorary Awards and Scholarships”; TSAHP Journal.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Community Involvement: (Examples: involvement with health organizations; community organization; church activities; volunteer work. Please include dates)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Responsibilities and Commitments: (Examples: employment and any other personal commitments; please include dates)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Student’s Scholastic Achievement** (Grade Point Average (GPA) based on a scale where A = 4, B = 3, etc. for work *attempted* in current professional program (i.e., GPA in major)

GPA: __________________

**Student Potential for Future Achievement** (to be completed by department faculty. Please use additional sheets, if desired)

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Name of Professor Completing this Section: __________________________

Title: __________________________

Telephone: __________________________

Date: __________________________

Also, please include a letter of recommendation from the applicant’s department chair.