



## 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 – 4<sup>th</sup> Street STOP 6281  
Lubbock, Texas 79430-6281  
Telephone: (806) 743-3252  
Email: [lori.ricespearman@ttuhsc.edu](mailto: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**

School Name	Location	Years Attended	Date Graduated	Degree/ Certificate

**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.)

Award Received	Conferring Institution	Date Received

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

Activity	Institution	Dates of Activity

**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.)

Membership/Activities	Membership Type (Local/State/ Regional/National)	Student Membership Yes or No	Date

**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.**