



Student Scholarship Application

<p>Please complete and submit to: HSHF Foundation@hsha.org Hawai'i Speech-Language-Hearing Foundation PO Box 235888 Honolulu, Hi 96823-3526</p>	<p>To be filled in by HSHF</p> <p>Date Received by HSHF: _____</p>
<p>Application Date: _____</p>	<p>Date to HSHF Board _____</p>
<p>Name: _____ Address: _____ email: _____</p>	<p>Date response letter sent out: _____</p>
<p>Phone Number: _____ Affiliation: _____ HSHA _____ ASHA _____ NSSLHA Other: _____</p> <p>Purpose: HSHA Convention: _____ Date: _____ HSHA Event(Specify): _____ Other: _____</p>	<p>Student: _____</p> <p>Amount: _____ Granted: _____ Date: _____ Denied: _____ Date: _____</p>
<p><u>Requirements</u> NSSLHA membership Event must offer ASHA CEUs After receiving your scholarship and attending the event, please complete and submit the event's evaluation form</p> <p>*****</p> <p>The Hawai'i Speech-Language-Hearing Foundation (HSHF) is a non-profit corporation affiliated with, but separate from, HSHA.</p>	<p>For HSHF use only</p>