



# **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 institutional member of the Texas Society of Allied Health Professions. Students must also be enrolled in the fall semester 2010, when the award will be 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 presentation and publications to professional or lay audiences
- 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

Completed applications may be sent by fax, email or regular mail. If using mail service, the application must be postmarked by June 15, 2010 and returned to:

Bridgett Piernik-Yoder, Ph.D.  
Assistant Professor, Department of Occupational Therapy  
School of Health Professions  
The University of Texas Health Science Center at San Antonio  
7703 Floyd Curl Drive – MSC 6243  
San Antonio, Texas 78229-3900  
Telephone: (210) 567-8889  
Fax: (210) 567-8893  
Cell: (210) 316-7071

Email: [piernikyoder@uthscsa.edu](mailto:piernikyoder@uthscsa.edu)



# Texas Society of Allied Health Professions

## Student Award Application

Instructions: Please print or type application. Student must be enrolled in the upcoming fall semester 2010.

**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 2010:** \_\_\_\_\_

**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 committee 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.)

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

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

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