**Utah Association of School Psychologists**

**MINORITY SCHOLARSHIP**

**APPLICATION**

**for Graduate Training in School Psychology**

**APPLICATION DEADLINE:**

**January 30**



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###### Introduction

The Utah Association of School Psychologists’ Minority Scholarship was established to assist in meeting the need for increasing the number of diverse school psychologists in Utah. It is the intent of UASP to promote opportunities for the recruitment of school psychologists responsive to the ethnic, cultural and linguistic backgrounds of the individual children who are part of the increasingly diverse population of Utah. The UASP Minority Scholarship also aims to help relieve the financial pressures of our minority scholars pursuing graduate study in school psychology.

UASP is pleased to award $1,000 to qualified and select minority graduate students of school psychology in Utah each year. The scholarship funds are to be used for graduate school related expenses (i.e. tuition, books, etc.)

**Application Information**

## Eligibility



To be considered for this scholarship, the candidate must:

* Be a full-time or part-time student of a recognized ethnic minority group
* Be a United States citizen
* Be enrolled in or accepted for enrollment in a NASP-approved and/or regionally accredited school psychology program in the state of Utah
* Be a current student at the time of receipt of the award
* Be in good academic standing
* Have a minimum cumulative GPA of 3.0
* Be a member of UASP at the time of designation as a scholarship recipient

### Selection Criteria

The documents requested under Application Deadline and Procedures will be reviewed by the UASP Minority Scholarship Selection Committee. The Selection Committee will consider many factors in reaching their decision, including the completeness of the application; the applicant’s experience, interests and growth as reflected on their resume; the applicant’s statement of professional goals, accomplishments, references, and degree of academic scholarship. This Scholarship is awarded on a nondiscriminatory and objective basis to the most deserving candidate.

### Notification

The recipient of this scholarship will be notified by e-mail and formally announced at the UASP Annual Conference. In addition, an article regarding the scholarship award(s) will be placed in *The* *UASP Observer.*

### Application Deadline and Procedures

To be considered for the award, the entire application package MUST be received in the UASP office **no later than January 30.** **IMPORTANT:** You will not be considered for this award if ALL application materials and supporting documents are not contained together in one package AND received at the UASP office by the deadlines above.

The package should be sent to:

Minority Scholarship Selection Committee

Utah Association of School Psychologists

358 S. 700 East, B-312

Salt Lake City, UT 84102

**NOTE:** we are unable to return your materials.

**Please also note that you must be a UASP member at the time of designation as a scholarship recipient.**

**The following materials must be included in your application package:**

* Completed General Applicant Information (page 6).
* Completed University Information (page 7).
* Completed Certification of Program Acceptance (page 7).
* Résumé, including undergraduate and/or graduate schools; awards and honors; student and professional activities; work and volunteer experiences; research and publications; workshops or other presentations; and any special skills, training or experience that the applicant will be able to bring to the practice of school psychology including, but not limited to, bilingualism, teaching experience and mental health experience (please attach).
* Two letters of recommendation and accompanying Applicant Releases. Newly-accepted graduate students or first-year graduate students should obtain letters attesting to their professional qualities from, if possible, at least one faculty member from their undergraduate or graduate studies. Students in their second year and beyond MUST have at least one letter from a faculty member of their school psychology program. An Applicant Release (page 8) must accompany each recommendation. IMPORTANT: Do not send more than two letters of recommendation. Each letter should be limited to one page (please attach).
* Copy of official University transcripts supporting a minimum cumulative GPA of 3.0 for the applicant’s college career. This includes providing undergraduate and graduate transcripts, through the highest level completed (please attach).
* Statement of professional goals (limit: one page / please attach).
* Signed Verification of Application (page 9).

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### General Applicant Information

(**Please print clearly in ink or type**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

If you are using your spouse’s last name,

please list your pre-married name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip + 4 digits

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Birth date (mm/dd/yyyy)

Gender: \_\_\_\_\_Male \_\_\_\_\_Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

Ethnic Background (please check at least one):

\_\_\_\_\_\_\_ Black/African American \_\_\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_\_\_ Hispanic

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: The UASP Minority Scholarship is an ethnic minority scholarship program. Ethnic minorities are determined by the Federal Acquisition Regulations. Therefore, only those categories indicated on the application are currently considered. These ethnic groups are defined as follows, using the definition of minority found in the Federal Acquisition Regulations 48 CFR 52.222-27:

1. American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification);
2. Asian or Pacific Islander (all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands);
3. Black (all persons having origins in any of the black African racial groups not of Hispanic origin); and
4. Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).

*\*The Selection Committee reserves the right to require verification of minority status as an occasion may arise.*

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### University Information

(**Please print clearly in ink or type**)

NAME OF UNIVERSITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip + 4 digits

TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPECTED DATE OF GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Year

♦♦♦♦♦

###### Certification of Program Acceptance

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of advisor) (name of applicant)

has been accepted or is currently enrolled in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of university)

school psychology program.

ADVISOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVISOR’S E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Letters of Recommendation

For consideration by the person submitting a Letter of Recommendation on behalf of the Applicant:

The UASP Minority Scholarship is awarded to a minority student enrolled in a school psychology program in the state of Utah. The student whose name appears above is applying for this scholarship. The Selection Committee would appreciate your help as they consider his/her application. In your recommendation, please respond to the following points as fully as you can, limiting your letter to one page:

1. How long have you known the applicant and in what capacity?
2. What are the applicant’s strengths and special talents?
3. One of the criteria that this applicant must meet is interest in pursuing and/or continuing to pursue a degree and a career in school psychology. Please give your assessment of the applicant’s interest in this area.
4. Interpersonal skills are important when dealing with school staff, children, outside agencies, parents, and so on. Please give your assessment of the applicant’s interpersonal skills.

Please return your recommendation letter directly to the student who will include it in his/her application package. **Please do not send your recommendation to UASP**.

#### Applicant Release

**(IMPORTANT: Print twice—One for each recommendation.)**

For completion by the Applicant:

An originally signed copy of this release must accompany EACH Letter of Recommendation submitted in the application package. Please make copies of this page and complete for each Letter of Recommendation you submit.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the person writing this Letter

(applicant’s name)

of Recommendation (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to release any and all

(name of person)

information called for on this form to the UASP Minority Scholarship Selection Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Verification of Application

I ascertain that the information submitted in this application is true and accurate. I additionally agree to the stated guidelines of this application, as well to abide by the decision of the UASP Minority Scholarship Selection Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date