# Department of Speech Pathology & Audiology
# Tom & Kathy (Rosser) VanOsdol Student Success Fund

**Ball State University Speech Pathology and Audiology (SPAA) majors who are experiencing unforeseen financial hardship may be eligible for a one-time award from the Tom and Kathy (Rosser) VanOsdol Student Success Fund. This award is available to SPAA students who are unable to meet immediate essential expenses such as food, temporary safe living arrangements, and/or basic educational and living expenses.**

**The value of the award is based on a student's specific needs but typically does not exceed $1,000. As a one-time award, it is not intended to provide ongoing relief for recurring expenses. Students are made aware of this award via the department website and in program manuals.**

## Eligibility

**To be eligible to receive a Tom & Kathy (Rosser) VanOsdol Student Success Fund award, the student must:**

- **Be currently enrolled as a Speech Pathology or Audiology major;**
- **Be registered as a full-time undergraduate student (12 or more credits per semester), OR, full-time graduate student (9 or more credits per semester);**
- **Be in good academic standing with the Speech Pathology or Audiology program (minimum GPA of 2.5 for undergraduate students, 3.0 for SLP master's students, and 3.2 for doctoral AuD students);**
- **Complete this award application and provide supporting documentation of expenses that the award would cover;**
- **Have room in their financial aid budget for requested funds; and**
- **Have exhausted their federal financial aid, including federal student loans.**

## Examples of Eligible Expenses

- **Food**
- **Rent (when late or facing eviction)**
- **Emergency temporary lodging and emergency break housing**
- **Travel expenses to/from campus for family emergencies or practicum**
- **Educational expenses, including textbooks or course materials**
- **Short-term childcare assistance**
- **Short-term bills, such as one month's phone or utility bill**
- **Personal hygiene items; laundry expenses**
- **Other short-term expenses that affect a student's ability to stay in school**

## How to Apply

1. **Complete the application on pages 3-4 of this document.**
   **Accessible online at:**
   **https://www.bsu.edu/academics/collegesanddepartments/spaa/admissions-and-financial-aid/scholarships#accordion_new2**
2. **Document eligible expenses up to the maximum award of $1000. Provide unpaid invoices and/or paid receipts. Expenses must have been incurred within 3 months of the application date.**
3. **Submit completed application and supporting documentation. Materials may be mailed or hand delivered to the Department office (401 Health Professions Building Attention: Dr. Tina Veale).**
   **Mailing address:**
   **Chair, Department of Speech Pathology and Audiology**
   **Ball State University**
   **1613 W Riverside Avenue HB-401**
   **Muncie, IN 47306**

## Review and Determination of Award

**Completed applications will be reviewed at two levels. Recommendations for an award from this fund are determined based upon availability of funds and alignment with eligibility criteria. Awards are given at the discretion of the Department of Speech Pathology and Audiology and the Ball State University Office of Financial Aid and Scholarships.**

**Level 1 Review: The Department Chair will forward materials to the Program Director for the applicant's program of study. The Program Director will make a recommendation regarding funding the request.**

**Level 2 Review: The Department Chair will review the application and the recommendation of the Program Director. The Department Chair will make the final decision regarding award of the requested funds.**

**The Chairperson of the Speech Pathology and Audiology Department will notify applicants of their award status. If funding is approved, the monies will be deposited into the applicant's Student Financial Services account. (If an awardee has a balance due in their student account, the funds will be applied to any unpaid balance first before dispersing to the student's personal bank account.) This one-time award does not have to be repaid. The award is subject to availability of funds and extent of need. Consistent with federal financial aid regulations, the approval process will include a review of the student's financial aid package to determine eligibility to receive funds.**

## Reconciliation of Award Funds

**At the end of each academic term of study (Fall, Spring, Summer), the Department Chair will consult with Dean of the College of Health to reconcile the amount awarded from this fund during the prior term and the total amount available for future awards.**

## Tom & Kathy (Rosser) VanOsdol Student Success Fund
## APPLICATION

**Student's Full Name: _____**

**BSU Student ID: _____**

**Email: _____**

**Phone: _____**

**Local Address: _____**

**Program (please check):**
**_____Undergraduate Student _____Masters Student _____Doctoral Student**

**Current Overall GPA:_____**
**Current GPA in Major: _____**

**Anticipated Graduation Date (month/year): _____**

**Total Amount Requested: $ _____**

**Have you exhausted all of your federal financial aid this semester, including accepting your federal student loans?**
**_____Yes _____No _____I don't know _____I'm not eligible for federal financial aid**

**Please mark all that apply to your current situation:**
**_____I do not have a stable place to stay**
**_____I am currently living in an unsafe living situation**
**_____I do not have enough money to buy food**
**_____I am worried I will run out of food and/or money to buy food**
**_____I have living expenses I am currently unsure how I will cover**
**_____I do not have the resources (e.g., textbooks, internet, materials) I need for class**
**_____I have lost my financial aid/scholarships (for SAP or other reasons)**
**_____None of the above**

**If none of the above, please describe your current needs/situation:**
**_____**
**_____**

**On a separate sheet of paper, please answer the following questions:**
**1) In your own words (up to 250 words) tell us about your emergency need and why you are requesting a student emergency award. Be sure to include information about your situation.**
**2) Please describe (up to 250 words) how you would use the emergency award and the exact amount of that expense.**
**3) Provide any additional information you wish for us to consider (up to 250 words).**

**I understand that I may be contacted by the Chairperson of the Department of Speech Pathology and Audiology to discuss my application further.**
**_____Yes _____No**

**I have attached the required supporting documentation required for my application.**
**_____Yes _____No**

**_____ _____**
**Student Signature Date**

**FOR SPAA DEPT USE ONLY**
**Decision**
**____ Approved $_____ Amount Funded**
**____ Not Approved**

**_____ _____**
**Program Director's Signature Date**

**_____ _____**
**Department Chair Signature Date**

***Applications may be submitted at any time throughout the academic year.**
****Awards are dependent on the availability of resources.**