



# MSHA

Mississippi Speech-Language-Hearing Association

## STUDENT LEADERSHIP ACADEMY APPLICATION

Full Name: <i>(First, Middle, Last)</i>	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
Address:	<input type="text"/>
University Program attended: <i>(type program affiliation)</i>	<input type="text"/>
SLP or AuD Student: <i>(Master's SLP 1st yr only/AuD 1or 2yr)</i>	<input type="text"/>
MSHA Student Member Status: <i>(choose one)</i> <i>Please Note: If you are NOT currently a MSHA student member, you will be required to join as a student member IF you are selected for the Student Leadership Academy. \$15/year join at <a href="http://www.msghausa.org">www.msghausa.org</a></i>	<input type="radio"/> I am a current MSHA Student Member <input type="radio"/> I am NOT currently a MSHA student member
MSHA Student Member Number: <i>(if known)</i>	<input type="text"/>
Date of Application: <i>(deadline 10/31/21)</i>	<input type="text"/>

Please write a brief personal statement on why you would like to be selected for the MSHA Student Leadership Academy. You may include any previous leadership roles related or not related to SLP/AuD and any strengths you feel you will bring to the program. *(500 word max)*

