



**BALL STATE
UNIVERSITY**

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

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

Ball State University Speech Pathology and Audiology (SPAA) majors who are experiencing unforeseen emergency financial hardship may be eligible for a one-time award from the Tom & Kathy (Rosser) VanOsdol Student Success Fund.

This award is available to SPAA students who are unable to meet immediate essential expenses such as securing food, temporary safe living arrangements, and covering necessary educational and living expenses. The value of the award is based on a student's specific needs, but typically does not exceed \$500. As a one-time award, it is not intended to provide ongoing relief for recurring expenses.

If funding is approved, the monies will be deposited into the student's Student Financial Services Student Account. *(Please note if an awardee has a balance due in their student account the scholarship 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.

Please review the Eligibility of the award, and examples of Immediate/Essential Expenses, and Supporting Documentation below before completing this application.

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 for the current term or future term,
- Registered as a full-time undergraduate student (as defined for the purpose of classification for financial aid is a student registered for **12 or more** credits in any semester), **OR**, be a full-time graduate student (as defined for the purpose of classification for financial aid is a student registered for **9 or more** credits in any semester), **OR** be enrolled in a full-time SPAA externship
- Attain a minimum GPA of 2.5 for undergraduate students, minimum GPA of 3.0 for master's students, and minimum GPA of 3.2 for AuD students,
- Complete this award application in its entirety,
- Submit supporting documentation to verify expenses,
- Meet the established criteria and have room in their financial aid budget (unmet need in their Cost of Attendance), and
- Attempted and exhausted their federal financial aid, including federal student loans.

**Pending available funds, award eligibility is otherwise at the discretion of the Department of Speech Pathology and Audiology and BSU's Office of Financial Aid and Scholarships.*

Examples of Immediate, Essential Expenses

- Food Costs
- Rent, especially when late or facing eviction
- Emergency temporary lodging and emergency break housing
- Travel expenses to and from campus for family emergencies
- Educational expenses and materials, including textbooks
- Short-term child care assistance
- Small short-term bills, such as one month's phone bill or other utility bill
- Personal hygiene items and laundry expenses
- Other short-term expenses that affect a student's ability to stay in school

Required Supporting Documentation

To be considered for the award, you must provide documentation to verify your expenses. (*Note: Expenses cannot be more than 3 months old.*) Examples of supporting documentation are noted below. Documentation must total the amount of financial aid requested. For example, if you request \$250 you must provide documentation that you have had \$250 in living and basic needs expenses this current semester.

Examples of Supporting Documentation:

- Grocery receipts
- Gas receipts
- Bills, including but not limited to, phone, utility, rent/housing expenses, medical care, and child care
- Copies of lease/rental agreements
- Receipts from educationally related expenses, such as technology equipment, internet, and supplies

Application Details

To apply for this emergency award, please complete the application on pages 3 and 4 and submit required documentation. Incomplete applications will not be considered. The Department Chairperson of the Speech Pathology & Audiology will review your application and notify you of your application's status.

*Submit completed application, along with all supporting documentation, to the
Department of Speech Pathology and Audiology.*

Email: sppathaud@bsu.edu or

*Mail/In Person: Dept. of Speech Pathology & Audiology
Ball State University*

*1613 W Riverside Avenue HB-401
Muncie, IN 47306*



**BALL STATE
UNIVERSITY**

Tom & Kathy (Rosser) VanOsdol Student Success Fund

APPLICATION

Student's Full Name: _____

BSU Student ID: _____

Email: _____

Phone: _____

Hall/Address: _____

Program (please check):

Undergraduate Student

Masters Student

Doctoral Student

Current Overall GPA: _____

Current GPA in Major: _____

Anticipated Graduation Date for Currently Enrolled Program (month/year): _____

If you are graduating with a BA/BS degree this school year, have you applied to the BSU Speech-Language Masters or Doctor of Audiology program? Yes No

Total Amount Requested: \$ _____

Have you exhausted all of your federal financial aid this semester, including accepting your federal student loans? (please check)

Yes No I don't know I'm not eligible for federal financial aid

Please tell us if any of the following apply to your current experience (mark all that apply):

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 been financially impacted by Covid-19

I have lost my financial aid/scholarships (for SAP or other reasons)

None of the above

If None, please indicate Other: _____

On a separate sheet of paper, please answer the following questions:

- 1) In your own words (no more than 250 words), please tell us about your emergency need and why you are requesting a student emergency aid award. Be sure to include detailed information about your situation.
- 2) Please describe (no more than 250 words), how you would use the emergency award and the exact amount of that expense. For example, if you will use the grant for rent, include the amount of your rent.
- 3) Is there any additional information you wish to provide?

I understand that by submitting this application I may be contacted by the Chairperson of the Department of Speech Pathology and Audiology to discuss my application and review additional support and resources available on campus.

Yes

No

I have attached the required supporting documentation required for my application.

Yes

No

I understand that **it is mandatory** that if I receive this award I will thank the donor with a card to show my appreciation. *(Please send your message to the Department of Speech Pathology and Audiology and it will be forwarded to the donor.)*

Yes

No

Student Signature **Date**

**Submit completed application, along with all supporting documentation, to the
Department of Speech Pathology and Audiology.
Email: sppathaud@bsu.edu or
Mail/In Person: Dept. of Speech Pathology & Audiology
Ball State University
1613 W Riverside Avenue HB-401
Muncie, IN 47306**

FOR SPAA DEPT USE ONLY

Decision: Approved \$ _____ Amount Funded Not Approved

Department Chair Signature Date