



NOMINATION FORM

Please complete this form to nominate a student in your program for a SAC Placement Support Scholarship. (The student is responsible for ensuring that he/she meets all criteria of the scholarship to which they are applying.)

These scholarships are intended for students who face financial barriers to completing their desired external placement in a rural, remote or underserved community.

Student Name _____

University _____

Program: Speech-language pathology Audiology

Year(s) completed in program: _____

- Would financial assistance enable this student to undertake a placement in a rural/underserved location that would otherwise be out of reach?
Yes _____ No _____
- If yes, please indicate where: _____
- Does this student's options for placements increase with financial assistance? Yes _____ No _____
- When approximately will this student's placement be confirmed? _____

Please offer any further comments to support this nomination:

Clinical Educator Name _____

Clinical Educator Signature _____ Date _____

Clinical Educator email _____ Phone # _____