



GROW YOUR OWN
SPEECH-LANGUAGE PATHOLOGIST
RECRUITMENT KIT
OREGON SPEECH-LANGUAGE HEARING ASSOCIATION

Application for Stipend

You may be able to be “rewarded” for your attempts to “Grow your Own” Speech-Language Pathologist. Let us know how you want to use this kit. Fill out the information below and submit it. If approved, you will receive a \$150 stipend for you efforts and you will be recognized by OSHA. The “rounds” provide opportunity for a number of people to complete the application request and a project within a time frame. You may re-apply for an additional “round”.

Round 1 application must be received by Dec. 1, 2006

Round 2 application must be received by March 1, 2007

Send to:
OSHA “Grow You Own”
PO Box 523
Salem OR 97308

Name(s): _____

Employer: _____

Address: _____ Demographics: Rural__Suburban__Urban__

Phone number: _____

e-mail: _____

Please use 50 words or less to describe your project:

You will be notified within 30 days if your project is funded. At the completion of your project, a short report is all that is needed to receive your stipend. (next page)



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Report for “Grow Your Own” Activities

OSHA “Grow Your Own”
PO Box 523
Salem OR 97308

Name(s): _____

Employer: _____

Address: _____ Demographics: Rural__ Suburban__ Urban__

Phone Number: _____

e-mail: _____

Description of Activities completed:

Number in attendance: _____ Males: _____ Females: _____

Age group of attendees/participants/audience: _____

Which items in the packet were most useful?

How could the kit be improved to better support your “Grow Your Own” goals?

In 50 words or less, describe the outcomes of your project: (attendees’ excitement, follow-up inquiries, additional contacts with attendees etc) Then mail to the address above to receive your stipend.