



Approved 9-5-2020

Arkansas Registry of Interpreters for the Deaf ARID Scholarship Committee

The Ella Irby Professional Development Scholarship

History of the Ella Irby Professional Development Scholarship Funds

The ARID Diversity, Equity, and Inclusion Ad Hoc Committee (DEIC) was formed by the June 6, 2020 GMM Motion which states that the committee is established in order to: "determine what actions ARID can take to leverage the inclusion of and support the success of interpreters of color in our field. The committee is empowered to determine its own title, description, and recommendations of actions for ARID which will be presented to the ARID membership."

At the July 21, 2020 DEIC meeting, the committee initiated the Ella Irby Professional Development Scholarship in honor of our cherished Ella Irby who has worked for decades with UA Little Rock interpreting students, the interpreting community and the Deaf community. A motion to establish the Ella Irby Professional Development Scholarship was presented and passed at the September 5, 2020 GM meeting.

Purpose of the Ella Irby Professional Development Scholarship Funds

The Ella Irby Professional Development Scholarship was established for individual ARID members (organizational members are not eligible). These funds are used to send any two (2) ARID members to a national or regional conference hosted by NBDA, NAOBI, or a similar BIPOC national or regional organization.

The Scholarship Award Package

Member pairs will receive: two (2) conference registrations, two (2) travel arrangements, one (1) hotel room for the conference dates, CEU processing for an independent study of up to 2.0 PS CEUs for both for the development of a workshop to be presented to ARID, CEU processing for first-time presentation of the that workshop, and the standard ARID honorarium for the presentation of the workshop.

Eligibility Criteria

The scholarship requires that pairs apply together. ARID will not assign members into pairs or accept applications from single members.

- One (1) recipient must be a current voting member of ARID who is in at least their 4th year of membership in ARID. For years 1-3 the type of membership may have been supporting or student.
- The second recipient must be in at least their second year of ARID membership and may be a voting, supporting, or student member.
- Both recipients must hold a current Arkansas Interpreter License or Arkansas Provisional License.

Conditions for Recipients of the Scholarship

- In exchange for sponsoring their attendance, the two selected recipients will contract with ARID to develop and provide a minimum of 0.6 PS CEUs in coordination with the ARID Program Committee and ARID Professional Development Committee Chairs. This may take the form of a single quarterly workshop, of multiple, shorter installments to be recorded and released online, or of another format agreed upon by both of the recipients, the Program Committee Chair, and the Professional Development Committee Chair.
- The selected recipients must deliver content equating to 0.6 PS CEUs within 6-9 months of the attended conference's end date.
- In the event that one or both of the recipients do not meet the contractual obligations, the allocated funds will be reimbursed back to ARID.

Electronic Application Process

As part of its efforts to reduce negative environmental impacts, ARID only accepts electronic submissions. All submissions must be complete and submitted as a Word.doc (scanned items in pdf or jpg formats) to the Scholarship Committee at aridscholarship@gmail.com.

- Application Form
- Verification of ARID membership status
- Arkansas Licensure (scanned copies)

Previous Recipients

2022- Name & Name



**Arkansas Registry of Interpreters for the Deaf
ARID Scholarship Committee**

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Application Form 1 of 3

Member Pair Information

Name of First Applicant _____
(4+ years of membership)

Phone Number _____
Phone Type **Text** ___ **VP** ___ **Voice** ___

Email Address _____

Mailing Address _____



Name of Second Applicant _____
(2+ years of membership)

Phone Number _____
Phone Type **Text** ___ **VP** ___ **Voice** ___

Email Address _____

Mailing Address _____



Conference Information

Conference Title _____

Host Organization(s) _____

Location _____

Date(s) _____



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Application Form 2 of 3

Personal Statement

Please tell us why your partnership should be selected as the recipients of this scholarship. What unique offerings do you bring as a pair that will benefit interpreters in our state when you return to provide a workshop for ARID?

Workshop Goals

Please tell us about the workshop your partnership plans to produce for ARID at the completion of your scholarship project. We understand that this content is subject to change based on your experience at the conference. Please use this as an opportunity to share your thoughts without feeling like you are obligating yourself to a specific topic or approach.



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Application Form 3 of 3

Check all that apply (please include scanned copies of membership and licensure as attachments)

Applicant #1

ARID Membership Status

Current _____

Voting _____ Number of years _____ Verify with Membership Chair _____

Arkansas Licensure Status

Current _____

Arkansas Interpreter License _____

Arkansas Provisional License _____

Applicant #2

ARID Membership Status

Current _____

Voting _____ Supporting _____ Student _____ Number of years _____ Verify with Membership Chair _____

Arkansas Licensure Status

Current _____

Arkansas Interpreter License _____

Arkansas Provisional License _____