



AuDacity Student Scholarship Application

Scholarship Information

Selected students will receive convention registration, lodging (based upon occupancy of 2 students per room), and a \$400 travel stipend reimbursed by ADA.

Application Requirements

- Applicant must be enrolled in the Fall of 2018 as a 3rd or 4th year student in an accredited Au.D. program
- Applicant must be a student member of ADA
- All materials must be received by ADA by July 31, 2018.

CONTACT INFORMATION

Name	
Current Academic Institution	# of Years in Program (as of Fall 2018)
Current Mailing Address	
Daytime Phone Number	Evening/Cell
Email Address (personal)	Email address (institutional)

DEMOGRAPHICS

Gender: Male or Female

Clinical Interests (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Audiologic Diagnostic Assessments | <input type="checkbox"/> Auditory Processing Assessment and Treatment |
| <input type="checkbox"/> Vestibular Assessments and Rehabilitation | <input type="checkbox"/> Industrial Testing |
| <input type="checkbox"/> Hearing Aid Selection, Fitting and Management | <input type="checkbox"/> Intraoperative Monitoring |
| <input type="checkbox"/> Pediatric Testing | <input type="checkbox"/> Hearing Conservation |
| <input type="checkbox"/> Cochlear Implants | <input type="checkbox"/> Aural Rehabilitation |
| <input type="checkbox"/> Tinnitus Assessment and Treatment | <input type="checkbox"/> Assistive Listening Devices |
| <input type="checkbox"/> Electrophysiologic Testing | <input type="checkbox"/> Implantable Hearing Aids |

Other Clinical Interests

Had you heard of the Academy of Doctors of Audiology prior to hearing about this program? Yes No

Do you believe in Professional Autonomy for Audiologists?

Yes

No

Unsure

What do you hope to learn at the AuDacity Conference?

Please explain your vision for the future of audiology?

Please describe what you are doing to help advance the profession of audiology.

By signing below, I attest that all of the information contained in this application is correct.

Printed Name of Student

Signature of Student

Date

UNIVERSITY INFORMATION

By signing below, I attest that this student will be a 3rd or 4th year Au.D. student at my institution during the Fall 2018 academic term. This student will be excused from his/her academic and clinic responsibilities in order to attend the AuDacity Conference.

Printed Name of Major Professor, Program Chair, or Preceptor

Signature

Email Address

Phone

Please mail or e-mail this completed application to:

The Academy of Doctors of Audiology
446 E. High Street, Suite 10
Lexington, KY 40507
Attention: Carrie Puyear
cpuyear@audiologist.org