



Academy of Doctors of Audiology Student Convention Scholarship Application

Scholarship Information

Selected students will have all convention registration, lodging (based upon occupancy of 4 students per room), and travel expenses reimbursed by ADA.

Application Requirements

- Applicant must be a citizen or permanent resident of the US and its territories or Canada
- Applicant must be enrolled in the Fall of 2010-2011 as a 3rd or 4th year student in a 4 year Au.D. program
- Applicant must be a student member of ADA (you may send that application along with your scholarship application)
- All materials must be received by ADA by August 31, 2010

Student Information

Name: _____

Current Academic Institution: _____ # of Years in Program (as of Fall 2010): _____

Undergraduate Academic Institution: _____

Current Mailing Address: _____

Permanent Mailing Address (if different): _____

Daytime Phone Number: _____ Evening/Cell: _____

E-mail Address (personal): _____

E-mail Address (institutional): _____

Preferred Mode of Communication (please check all that apply):

- | | | |
|---------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Face to face | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> Text | <input type="checkbox"/> Twitter | |

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 |
| <input type="checkbox"/> Other: _____ | |

Preferred Professional Setting (Please check all that apply to indicate the type of setting/role that you see yourself in for the future):

- ◊ Private Audiology Practice Owner
- ◊ Private Audiology Practice Employee
- ◊ Clinic (non-profit)
- ◊ VA or Military Hospital/Clinic
- ◊ ENT Practice
- ◊ Hospital
- ◊ K-12 School System
- ◊ Industrial Audiology Practice
- ◊ Manufacturer/Industry
- ◊ University (Faculty)
- ◊ University (Clinician)
- ◊ Multi-Specialty Medical Practice
- ◊ Other: _____

Preferred Geographic Setting (please check all that apply):

- ◊ Urban
- ◊ Suburban
- ◊ Rural
- ◊ International

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

Do you believe in Professional Autonomy for Audiologists? Yes No Unsure

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 2010-2011 academic term. This student will be excused from his/her academic and clinic responsibilities in order to attend the ADA Convention.

Printed Name of Major Professor or Program Chair/Director: _____

Signature of Major Professor or Program Chair/Director: _____

E-mail: _____ **Phone:** _____

Please mail this completed application to:

**The Academy of Doctors of Audiology
1020 Monarch Street, Suite 300B
Lexington, KY 40513**

www.audiologist.org

Application must be postmarked by August 31, 2010