



Academy of Doctors of Audiology Student Convention Scholarship Application

Scholarship Information

Selected students will have all convention registration, lodging (based upon occupancy of 2 students per room), and a travel stipend up to \$300.

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 2017-2018 as a 2nd, 3^d, or 4^h year student in an accredited 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 June 21, 2017

Student Information

Name: _____

Current Academic Institution: _____ # of Years in Program (as of Fall 2017): _____

Undergraduate Academic Institution: _____

Current Mailing Address: _____

Permanent Mailing Address (if different): _____

Daytime Phone Number: _____ Evening/Cell: _____

E-mail Address (personal): _____

E-mail Address (institutional): _____

Do you currently serve on the Student Academy of Doctors of Audiology (SADA) Council? Yes No
If no, are you interested in running for a position? Yes No

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):

- | | |
|--|---|
| <input type="checkbox"/> Private Audiology Practice Owner | <input type="checkbox"/> Industrial Audiology Practice |
| <input type="checkbox"/> Private Audiology Practice Employee | <input type="checkbox"/> Manufacturer/Industry |
| <input type="checkbox"/> Clinic (non-profit) | <input type="checkbox"/> University (Faculty) |
| <input type="checkbox"/> VA or Military Hospital/Clinic | <input type="checkbox"/> University (Clinician) |
| <input type="checkbox"/> ENT Practice | <input type="checkbox"/> Multi-Specialty Medical Practice |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> K-12 School System | |

Preferred Geographic Setting (please check all that apply):

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> 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

What do you hope to learn at the ADA Convention?

Please explain your vision for the future 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 2nd, 3rd or 4th year Au.D. student at my institution during the Fall 2017-2018 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 or e-mail this completed application to:

The Academy of Doctors of Audiology

446 East High Street, Suite 10

Lexington, KY 40507

www.audiologist.org

cjones@audiologist.org

Application must be postmarked by June

21, 2017