

<b>Applicant Information</b>	
Name:	Date of Application:
Address:	Email:
	Phone:
<b>GPA (undergraduate and graduate):</b>	
<b>GRE (Verbal, Quantitative, Writing), if obtained:</b>	
<b>AuD Program Information</b>	
University:	
<b>Faculty Contact</b>	
Name:	
Address:	Email:
	Phone:
Years as AuD Student:	Expected Completion Date:
<b>BTNRH Information</b>	
<b>Preferred Dates of 3-Month Training Period:</b>	
<b>Potential Mentors: <i>Please rank order your top five (5) choices.</i></b>	
<input type="checkbox"/> Angela AuBuchon ( <i>Working Memory and Language Lab</i> ) <input type="checkbox"/> Nicole Corbin ( <i>Pediatric Binaural Integration Lab</i> ) <input type="checkbox"/> Tiana Cowan ( <i>Language Experience and Perception Lab</i> ) <input type="checkbox"/> Kaylah Lalonde ( <i>Audiovisual Speech Processing Lab</i> ) <input type="checkbox"/> Hope Lancaster ( <i>Etiologies of Language and Literacy Lab</i> ) <input type="checkbox"/> Ryan McCreery ( <i>Audibility, Perception and Cognition Lab</i> ) <input type="checkbox"/> Gabrielle Merchant ( <i>Translational Auditory Physiology and Perception Lab</i> ) <input type="checkbox"/> Stephen Neely ( <i>Communication Engineering Lab</i> ) <input type="checkbox"/> Jessie Patterson ( <i>Vestibular and Balance Lab</i> ) <input type="checkbox"/> Ellen Peng ( <i>Functional Hearing Lab</i> ) <input type="checkbox"/> Christopher Stecker ( <i>Spatial Hearing Lab</i> ) <input type="checkbox"/> Krystal Werfel ( <i>Oral and Written Language Lab</i> ) <input type="checkbox"/> Kathryn Wiseman ( <i>Child Auditory Technology Lab</i> )	
How did you hear about our program:	
<b>Optional: Information about Gender, Ethnicity &amp; Race, Disability, and Disadvantaged Background.</b> We are requesting this information from you with the understanding that you have the option to provide it or not. Whether or not you choose to provide this information will <b>in no way</b> affect your evaluation or potential selection for a traineeship. Use below NIH categories for Race and Ethnicity. <b>Ethnic Categories:</b> <b>1) Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." <b>2) Not Hispanic or Latino;</b> or <b>3) Intentionally Withheld</b> <b>Racial Categories:</b> <b>1) American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment. <b>2) Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) <b>3) Black or African American:</b> A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." <b>4) Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <b>5) White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Or <b>6) Intentionally Withheld</b>	
<b>Gender (Male/Female):</b>	<b>Ethnicity: 1 2 3</b>
	<b>Race: 1 2 3 4 5 6</b>
<b>Do you have a disability? Yes No Intentionally Withheld</b>	
<b>Are you from a disadvantaged background? Yes No Intentionally Withheld</b> (Definition: an individual from disadvantaged background means an individual who: 1) Comes from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professionals school; or 2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professionals programs. The Secretary periodically publishes these income levels in the Federal Register. <a href="http://www.lrp.nih.gov/about_the_programs/clinical_disadv_backgrounds.aspx">http://www.lrp.nih.gov/about_the_programs/clinical_disadv_backgrounds.aspx</a>	

**Application Requirements and Checklist:**

- \_\_\_ Application Form
- \_\_\_ Curriculum Vitae/Resume (*attach document*)
- \_\_\_ Letter of Reference (*Academic Advisor or Faculty Member with whom you have worked*)
- \_\_\_ Personal Statement (*list career goals and value of the short-term research traineeship; one page single-spaced*)
- \_\_\_ Letter of Academic Standing (Program Director)

**For Additional Information, Contact:** Cara Sousa at Phone: 531-355-6707 / Fax: 531-355-5611 / Email: [cara.sousa@boystown.org](mailto:cara.sousa@boystown.org)

**Submission Deadline: January 10, 2025**

**Send Completed Application to:**  
Cara Sousa, T35 Training Program  
c/o BTNRH Research, 3<sup>rd</sup> Floor  
555 N. 30<sup>th</sup> St.  
Omaha, NE 68131