Applicant Information:
Name of Applicant: _____   Date of Application: _____
Contact Information:
Address: _____   Email: _____
_____   Phone: _____

GPAs (undergraduate and graduate): _____
GREs (Verbal, Quantitative, Writing): _____

AuD Program Information:
University: _____
Faculty Contact:
Name: _____
Address: _____
Email: _____   Phone: _____
Years as AuD Student: _____   Expected Completion Date: _____

BTNRH Information:
Preferred Dates of 3-Month Training Period: _____

Potential Mentors: *Please <u>rank order</u> your top five (5) choices.*

_____	Adam Bosen	*(Auditory Perceptual Encoding)*
_____	Monita Chatterjee	*(Auditory Prostheses and Perception)*
_____	Kristen Janky	*(Vestibular and Balance Assessment)*
_____	Hope Lancaster	*(Etiologies of Language and Literacy)*
_____	Lori Leibold	*(Human Auditory Development)*
_____	Ryan McCreery	*(Audibility, Perception and Cognition)*
_____	Gabrielle Merchant	*(Translational Auditory Physiology and Perception)*
_____	Stephen Neely	*(Communication Engineering/Auditory Signal Processing)*
_____	Ellen Peng	*(Functional Hearing)*
_____	Heather Porter	*(Human Auditory Development)*
_____	Christopher Stecker	*(Spatial Hearing)*
_____	Krystal Werfel	*(Written Language)*

How did you hear about our program: _____

Optional: Information about <u>Gender, Ethnicity & Race, Disability, and Disadvantaged Background</u>. 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 **in no way** affect your evaluation or potential selection for a traineeship. Use below NIH categories for Race and Ethnicity.

<u>Ethnic Categories:</u> **1) Hispanic or Latino:** *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."* **2) Not Hispanic or Latino**; or **3) Intentionally Withheld**

<u>Racial Categories:</u> **1) American Indian or Alaska Native:** *A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.* **2) Asian:** *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.)* **3) Black or African American:** *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."* **4) Native Hawaiian or Other Pacific Islander:** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.* **5) White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Or **6) Intentionally Withheld**

Gender (<u>M</u>ale/<u>F</u>emale): ____   **Ethnicity:** ☐1 ☐2 ☐3   **Race:** ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
Do you have a disability? ☐Yes ☐No ☐ **Intentionally Withheld**

Are you from a disadvantaged background? ☐Yes ☐No ☐**Intentionally Withheld** (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 professions 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 professions programs. The Secretary periodically publishes these income levels in the Federal Register.* http://www.lrp.nih.gov/about_the_programs/clinical_disadv_backgrounds.aspx

Application Requirements and Checklist:
☐ Application Form   ☐ Letter of Reference (*Academic Advisor or Department Chair/Program Director*)
☐ Curriculum Vitae/Resume (*attach document*)   ☐ Personal Statement (*list career goals and value of the short-term research traineeship; <u>one page single-spaced</u>*)

Send Completed Application To and For Additional Information, Contact: Melanie Faimon, T35 Training Program, BTNRH, 555 N. 30th St., Omaha, NE 68131; Phone: 531-355-5540 / Fax 531-355-5611 / Email: melanie.faimon@boystown.org