

**Applicant Information:**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

GPA(s) (undergraduate and graduate): \_\_\_\_\_

GRE(s) (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 rank order your top five (5) choices.**

- \_\_\_\_\_ Angela AuBuchon (Working Memory and Language)
- \_\_\_\_\_ Adam Bosen (Auditory Perceptual Encoding)
- \_\_\_\_\_ Monita Chatterjee (Perception of Complex Stimuli Through Cochlear Implants)
- \_\_\_\_\_ Christopher Conway (Brain, Learning, and Language)
- \_\_\_\_\_ Kristen Janky (Vestibular and Balance Assessment)
- \_\_\_\_\_ Kaylah Lalonde (Audiovisual Speech Processing)
- \_\_\_\_\_ Lori Leibold (Auditory Development)
- \_\_\_\_\_ Dawna Lewis (Understanding Speech in Complex Environments)
- \_\_\_\_\_ Ryan McCreery (Cognitive and Perceptual Outcomes in Children Who Wear Hearing Aids)
- \_\_\_\_\_ Gabby Merchant (Translational Auditory Physiology and Perception)
- \_\_\_\_\_ Stephen Neely (Modeling of Cochlear Function in Normal and Impaired Ears)
- \_\_\_\_\_ Heather Porter (Hearing Assessment in Children)
- \_\_\_\_\_ Daniel Rasetshwane (Understanding Suprathreshold Hearing Deficits)
- \_\_\_\_\_ Christopher Stecker (Spatial Hearing)

How did you hear about our program: \_\_\_\_\_

**OPTIONAL: Information about Gender, Ethnicity & Race, Disability, and Disadvantaged Background.** The NIH asks that grant recipient institutions provide the above information as part of the grant reporting process. 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.

**Ethnic Categories:** **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**

**Racial Categories:** **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 (Male/Female):** \_\_\_\_\_ **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](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; one page single-spaced)

Send Completed Application To and For Additional Information, Contact: **Nicole Bailey**, AuD Training Program, BTNRH, 555 N. 30<sup>th</sup> St., Omaha, NE 68131  
Phone: 531-355-5611 / Fax 531-355-6351 / Email: [nicole.bailey@boystown.org](mailto:nicole.bailey@boystown.org)