

2023 Audiology Doctoral Student APPLICATION FORM

Applicant's Name: _____ Birthdate: _____
(First) (Middle) (Last)

Home address: _____
(Street) (City) (State) (Zip code)

Telephone: _____ E-mail: _____
(Home) (Cell)

Parent/Guardian: _____
(Name) (Cell) (E-mail)

Education Data

Current School: _____ Anticipated graduation date: _____

List other High Schools (and years) attended: _____

College/postsecondary school for which scholarship is requested. If you are applying to more than one school, and/or have not received acceptance letter(s), please list your top choice first.

1) _____
(Name of school) (City) (State)

Mark One: 4-year college 2-year college community college vocational school

Enrollment plans: Full-time Part-time

Accepted? Yes Don't know yet Wait-listed

2) _____
(Name of school) (City) (State)

Mark One: 4-year college 2-year college community college vocational school

Enrollment plans: Full-time Part-time

Accepted? Yes Don't know yet Wait-listed

Please state your post-secondary school area of study or career goals:

Applicant's Name: _____ SCHOLARSHIP APPLICATION FORM – Page 2

Other (Non-academic) Activities:

For each activity, please indicate the number of years' participation and approximate number of hours per week.

Extra-curricular activities: _____

Sports, intramurals: _____

Community service: _____

Employment or internships: _____

Awards, Honors and Recognition (in the last four years) -- please list with dates: _____

Letter of Reference

Please list the individual you will ask for a Letter of Reference – Professor, Audiologist or Community Leader

(Name)

(Title)

(E-mail)
