Applications are due by Jan 15, 2017

SUMMER RESEARCH TRAINEESHIP APPLICATION

Name:

Address:

Phone:

Email:

Undergraduate institution:
  Location:
  Major area(s) of study:
  Degree earned and date:
  Undergraduate GPA:

Graduate institution:
  Location:
  Dates attended:
  Major area(s) of study:
  Advanced degree earned (or expected):
  GRE score:

Faculty Advisor:

Advisor’s Email:
During the internship you will have a mentor. You will work with your mentor closely during the summer. Please read about each investigator’s research on the NCRAR website and then select your top three choices of mentor. We cannot guarantee you’ll work with one of these individuals but we will do our best to ensure your interests overlap with those of your mentor.

NCRAR website: http://www.ncrar.research.va.gov/AboutUs/Staff/Index.asp

Please rank order your top three choices of mentor.

_____ Billings
_____ Dille
_____ Feeney
_____ Folmer
_____ Gallun
_____ Henry
_____ Bramhall
_____ Konrad-Martin
_____ Lewis
_____ Molis
_____ Saunders
_____ Pahesh
_____ Peterka
_____ Theodoroff

Personal Statement: Please attach a description of your future professional goals. How will a summer research internship contribute to your future goals? (limit to 2 pages)

Application Checklist (please place check mark to indicate completion of each item):

_____ Application Form
_____ Personal Statement
_____ CV/resume
_____ Letter of reference requested from Department Chair confirming enrollment in Au.D. program
_____ Letter of Reference and evaluation form requested from faculty advisor
_____ Letter of Reference requested from: one or two other faculty members

_____ I am a US Citizen or permanent resident  (Please note: NIH requires trainees under this program to be US citizens or have permanent resident status).

Optional questions.
• Race:    American Indian or Alaska Native    Asian    Black or African American
           Native Hawaiian or Other Pacific Islander    Caucasian
• Ethnicity:   Hispanic or Latino    Non-Hispanic
• Disabilities (if any):    None
• Disadvantaged background: Yes    No

Please email all documents to gabrielle.saunders@va.gov

Please have all letters of reference emailed to gabrielle.saunders@va.gov