

**National Center for Rehabilitative Auditory Research (NCRAR)
NIH T-35 Summer Research Traineeships for AuD Students**

Applications are due by January 16, 2023

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.

[View profiles of NCRAR investigators on our website.](#)

Please rank order your top three choices of mentor and share your reasons for these selections in the box below.

First choice:

Second choice:

Third choice:

Personal Statement: Please use the button on Page 3 to attach a description of your future professional goals. Describe how a summer research internship will contribute to your future goals. (Limit to 2 pages.)

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

Application Form

Personal Statement (attach below)

CV/Resume (attach below)

Dept. Chair confirmation of enrollment in-good-standing in AuD program (attach below)

Letter of reference and evaluation form from faculty advisor

Letter of reference 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 demographic questions:

- **Race:** American Indian or Alaska Native
Asian
Black or African American
Caucasian
Native Hawaiian or Other Pacific Islander
- **Ethnicity:** Hispanic or Latino
Non-Hispanic
- **Disabilities (if any):**
- **Disadvantaged background:** Yes No

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- Use the buttons below to attach the required files, then submit the form.
 - **Before submitting, save a copy of this form for your own records with the file name "*StudentName_NCRAR_T35ApplicationForm_2023.pdf*".**
 - If you have any difficulties submitting this form or have any application questions, please email dawn.martin@va.gov. Please include "**NCRAR T35 2023**" in the subject line.

Ask your faculty advisor and letter writers to complete and submit the [Evaluation Form](#).