



**2012-13 Empowering People Academic Scholarships  
Application Information Form**

**Deadline: April 30, 2012**

The American Academy of Audiology Foundation's **Empowering People Scholarships** will be awarded to students who show exceptional promise as clinical audiologists as evidenced by their resumes, letters of recommendation, and personal statements. Empowering People scholarships will be awarded only to full-time students in good standing who will be in their 3rd year of an AuD program at a U.S. university during the 2012-13 academic year. Each department may nominate up to two students for these scholarships. Selection will be based in part on letters of recommendation from clinical preceptors and on the applicant's personal statement.

A committee of audiologists will review application materials and award notification will be made by August 1, 2012.

Each application packet must contain:

**Application** (attached)

**Two letters of recommendation from clinical preceptors** : Must address: 1) how long the writer has known the applicant and the nature of the relationship with the applicant, 2) the qualities, particularly with respect to patient-focused skills, that provided the basis for this candidate being nominated by the department, 3) how the applicant's clinical ability compares to other students whom the writer has known at the same stage of the clinical program, and 4) ability to apply academic coursework in clinical situations.

**Personal statement:** Describe qualities you believe are characteristic of an outstanding audiologist and discuss your personal goals for becoming a future clinician. In addition, without violating patient confidentiality, describe a specific situation in which you feel that your patient-focused skills were particularly beneficial for your patient, and also reflect on ways in which your patient-focused skills in this situation could have been improved. (750 words maximum)

**Resume/CV:** Must include the applicant's grade point average --Please include the university's grading scale (e.g. 3.5 with maximum possible of 4; 3.9 with maximum possible of 5)--and accomplishments in the following areas: clinical skills and experiences, and leadership and service activities as they relate to clinical work.

**NOTE: Please read the submission criteria carefully. ONLY send the information requested above; applicants who send unrequested documentation may be disqualified from consideration.**

Scholarship recipients who are in attendance at AudiologyNOW! are strongly encouraged to attend Foundation functions during the meeting in order to meet supporters of the Foundation's scholarship programs.

For more information, contact Tara Conte, Foundation Program Specialist,  
at 703.226.1048 or [tconte@audiology.org](mailto:tconte@audiology.org).

**Empowering People Scholarship Application 2012-13**  
**Application Deadline: April 30, 2012**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

University Name: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Anticipated Month/Year of Graduation: \_\_\_\_\_

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**Department Chair/Head or Program Director (Please Circle One) Certification:**

I \_\_\_\_\_ (print name) have read the description of the Empowering People Scholarship Program and understand that my department may nominate a maximum of two students to be considered for this scholarship. I certify that \_\_\_\_\_ (print name) has been nominated by our department.

Signature \_\_\_\_\_

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

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Yes, I have enclosed/attached as detailed on Application Information Form:

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Two letters of recommendation from clinical preceptors that address criteria on Application Information Form
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Resume or C.V.

Yes, by fall 2012, I will be in the 3rd year of my program of studies.

Yes, I have read the attached Empowering People Scholarship program guidelines, eligibility, and conditions information and agree to abide by all terms. I also understand that the AAA Foundation reserves all rights to use the information I provide in this application in any and all promotional materials. I authorize \_\_\_\_\_ (university) to release my academic records to the AAA Foundation verifying enrollment and/or academic standing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail/email/fax completed application to:**  
American Academy of Audiology Foundation  
Attn: Empowering People Scholarships  
11730 Plaza America Drive, Suite 300  
Reston, VA 20190  
Fax: 703.790.8631 Email: [tconte@audiology.org](mailto:tconte@audiology.org)



For information regarding the Empowering People Scholarships, contact Tara Conte at 703-226-1048.