



STUDENT ENTERING THIRD YEAR
FIFTEEN HUNDRED DOLLARS - NON RENEWABLE

2019 APPLICATION FORM

Name _____
Last First Middle

Present Address _____
Street Address

City State Zip

Telephone (_____) _____ Email _____

Student ID Number: _____

University Presently Attending _____

Date of Entrance _____ Expected Completion Date _____

Are you currently employed? _____ If so, where _____

Do you currently have any scholarships or grants? If yes, please describe _____

1. Must be a full time student in Au.D. program at a Tennessee University or College.
2. Please provide complete official transcripts of your Au.D. program including the most recent term completed.
3. Please provide a resume indicating colleges previously attended, graduation date and GPA, as well as your past and current activities, honors, publications, memberships, work and volunteer history, and offices held that will help us learn more of your background.
4. Please attach a one page essay telling about yourself and your goal as an Au.D..
5. Have (3) recommendation forms completed by Au.D. professors and signed by chairperson of Au.D. graduate studies department.

The recipient of this scholarship award will be required to agree to the following conditions:

1. Join and maintain membership in the Student Audiology Association (SAA) during the year in which the scholarship is awarded.

If you agree with the above requirements for consideration for this scholarship and the information provided in this application is true, please sign and date this form:

Signature _____ Date _____

**Please return the application and supporting documents to: Sertoma Club of Nashville, PO Box 282486
Nashville, TN 37228. ALL INFORMATION MUST BE SUBMITTED BY APRIL 30, 2019.**

Sertoma would like to announce the recipients in state audiology publications. Please sign the release below if you grant permission to do so. If you would like an article sent to your hometown newspaper, please state the name of the paper and city/state.

I, the undersigned, give permission to the Sertoma Club of Nashville to use my name, likeness, and pertinent information provided in my scholarship application materials in its published materials and news releases (newsletters, newspaper and journal articles, website, etc.)

Signature _____ Date _____

Newspaper Name and City/State _____



SERTOMA CLUB OF NASHVILLE A.U.D. THIRD YEAR STUDENT SCHOLARSHIP

RECOMMENDATION FORM

APPLICANT NAME: _____

TO THE APPLICANT: You should give a copy of this Recommendation Form to **three(3)** individuals from your current college or university who can speak to your student status, performance and potential.

Under the Family Educational Rights and Privacy Act of 1974, a student has access to his/her educational records. If the student wishes to waive the right to examine his reference report, please sign: _____ Date _____

TO THE RECOMMENDER:

Please complete the scale below and enclose it with a letter of recommendation. The form and letter should be sent to: Sertoma Club of Nashville, PO Box 282486, Nashville, TN 37228.

Please judge the applicant's capabilities against students you have taught or worked with in the area of audiology and **in particular compared to students in this student's class.**

	Highest 3%	Highest 7%	Highest 15%
Intellectual Ability			
Academic Performance			
Efficacy of Written Expression			
Efficacy of Oral Expression			
Clinical Abilities			
Ability to Work with Patients			
Works well with Team			
Motivation and Perseverance			
Leadership Potential			
Originality and Creativity			

SUMMARY RECOMMENDATION: (check one)

- The Applicant has my highest recommendation..... _____
- I recommend this Applicant with confidence..... _____
- I recommend this Applicant with some reservations..... _____

Signature _____ Date _____

Print Name _____ Phone Number _____

Email address _____

Program Director/Chair of graduate studies:

Signature _____ Date _____

Print Name _____ Phone Number _____

Email address _____