



Au.D. means professional hearing care

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NOMINATION FORM
Outstanding Third Year AuD Student Scholarship
(Class of 2012 – Current Second Year Student)

Student's name: _____

Address: _____

Telephone number: _____

E-mail address: _____

Expected date of graduation: _____, 2012

Please include a letter of recommendation that explains why you feel this student should receive an Outstanding Third Year AuD Student Scholarship.

It is important that you give the application form and clinical rating sheet to the student as soon as possible, so they can be completed & returned to the AFA by Feb. 15, 2010.

Students nominated for this 3rd year scholarship must currently be in their second semester of their 2nd year.

Nominations must be received in the AFA office by January 28, 2010.
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