

Please list any academic honors you have received

Please list any organizations to which you belong (academic and non-academic)

Please list any special academic programs in which you have participated or are presently participating (e.g. 21st. Century Scholars, McNair Scholars)

RESEARCH INTERESTS

Please list your areas of research interest

Please list any previous research experience

The following faculty will serve as mentors during the Summer 2008 TRACCS Program. Please indicate your first three choices (1 being the highest, 3 the lowest) for mentorship.

- _____ Julie Anderson (child fluency)
- _____ Raquel Anderson (bilingualism/child language disorders)
- _____ Karen Forrest (motor speech disorders in children)
- _____ Larry Humes (auditory perception and amplification)
- _____ Gary Kidd (psychoacoustics)
- _____ Laura Murray (adult acquired cognitive neurogenic disorders)
- _____ William Shofner (auditory psychophysics and physiology)

OTHER REQUIRED APPLICATION MATERIALS

Please mail to the TRACCS program (at the address below) this completed application form, the materials described below, and a brief cover letter listing the contents of your application packet and any materials to be mailed separately. The deadline for receipt of all application materials is March 1, 2010.

Letter of Intent/Essay

Please write a 1-2 page essay (size 12 font, double-spaced) describing the reasons for your interest in the TRACCS program. In your essay, please also indicate: (1) your educational and professional goals; (2) your current research interests; and (3) what you expect to gain from this experience. Please attach your essay to this application form.

Two Letters of Recommendation

Please request letters of recommendation from two individuals who know you in an academic context. Form to be used for these letters of recommendation may be downloaded from the TRACCS webpage: <http://www.iub.edu/~sphs/traccs>. Letters of recommendation may be mailed directly from the writers, or included in a packet mailed by the applicant with other application materials. Either way, each letter of reference must be received enclosed in a sealed, signed envelope in order to be accepted.

Please list the individuals from whom you have requested a letter of recommendation:

(1) Name: _____	(2) Name: _____
Position: _____	Position: _____
Institution: _____	Institution: _____
E-mail: _____	E-mail: _____
Telephone: _____	Telephone: _____

Official Academic Transcripts

Please request an official academic transcript be sent to the TRACCS program from each institute of higher education at which you have been enrolled.

All application materials should be mailed to:

TRACCS Program
Department of Speech and Hearing Sciences
Indiana University
200 South Jordan Avenue
Bloomington, IN 47405-7002

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