

**19<sup>th</sup> Annual NIDCD-Sponsored Research Symposium:  
Neural Regeneration and Communication Processes**

*Saturday, November 21, 2009*  
New Orleans, Louisiana

**Research Mentoring-Pair Travel Award Application Form**

***To be completed by mentee.***

**Name of Mentee:** \_\_\_\_\_

**Name/Affiliation of Selected Mentor:** \_\_\_\_\_

**Program/University:** \_\_\_\_\_

**Address:** \_\_\_\_\_ (home \_\_\_ work \_\_\_)

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

**Daytime Phone:** \_\_\_\_\_ (home \_\_\_ work \_\_\_ cellular \_\_\_) **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Brief description of research interests/activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Travel Award Eligibility:**

Mentee must be (a) a current student at the bachelor's, master's, AuD, or PhD level, (b) a postdoctoral fellow, (c) a junior-level faculty member (less than 6 years teaching/research experience in a tenure-track position or below the level of associate professor) or (d) a clinician.

**Please indicate below** your intention to submit/not submit a proposal to the Convention Program through the Call for Papers. (Check one.)

Yes, I do intend to submit a proposal to the Convention Program, and I will indicate that I am unable to present on Saturday, November 21, 2009.

No, I do not intend to submit a proposal to the Convention Program.

**The application packet should consist of the following:**

- A completed application form
- A one-page narrative biographical sketch detailing (a) educational background and (b) research/clinical experience
- A description (maximum 1,000 words) of: (a) current research interests and activities, (b) how attendance at the conference would serve to enhance personal research career goals, and (c) why this mentor mentee team is an appropriate match (i.e., can facilitate the goals of the mentee)

**Deadline for RECEIPT of the completed application packet (including both Mentor and Mentee application forms) is June 1, 2009.**

Five (5) copies of the Application Packet must be forwarded to:

ASHA – RMPTA Application  
c/o Dr. Sharon Moss  
2200 Research Blvd #245  
Rockville, MD 20850-3289

**Demographic Information**

*Demographic information is used internally for tracking purposes and helps guide planning for future award programs. It is not shared with reviewers. The completion of this section is optional. If you decline to provide this information, it will in no way affect consideration of your application.*

**Educational Status:**

- Bachelor's student
- Master's student
- AuD student
- PhD student
- Post-doctoral fellow
- Junior faculty member
- Clinician

**Race:** *(check all that apply)*

- American Indian or Alaskan Native
- Asian or Asian-American
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Gender:**

- Male
- Female