300 Coxwell Ave. Toronto, ON, M4L 3B6

### **Bursary Information**

The purpose of the bursary is to allow students to have access to information of particular value for research in their final year; for future clinical career decisions; for fostering inter-professional relations and patient care.

### Eligibility

- Must be a Canadian citizen or resident AND be one of the following:
  - Students in a Canadian audiology program attending their penultimate year of study (at the time of the meeting they will be attending and for which the travel bursary is being given) or
  - Canadian students who are studying audiology abroad, any year or
  - Non-audiology students who want to attend the conference if the award selection committee deems the application suitable. Some examples of non-audiology categories are: engineers focused on hearing instrument design; SLP students interested in audiology topics; ENT residents; and students studying psychoacoustics or the emotional impact of hearing loss.

#### **Application Requirements**

- Applicant must be a citizen or permanent resident of Canada
- Applicant must be enrolled in the Fall as a student in a career program
- Applications must include
  - A short essay (500 1000 words) explaining why attendance at the conference is of benefit to the applicant. The merit of the essay will be the method of selecting the successful bursary award winner.
  - Estimated cost of transportation and accommodation.

#### Essay Question: What Attendance at this Conference Means to Me

All materials must be received by CAA by September 1, 2019

Send application, estimated cost of transportation and accommodation, and essay to: <a href="mailto:bursary@canadianaudiology.ca">bursary@canadianaudiology.ca</a>.

Office: 647-794.5106 / Toll Free: 1-800-264-5106



P.O. Box 22531 300 Coxwell Ave. Toronto, ON, M4L 3B6

Name	
Are you a Canadian citizen? Yes/No	
Current Academic Institution	
Name of academic program	
you are currently enrolled:	
Year of enrollment in current program as of Fall	
Undergraduate Academic Institution	
Mailing Address	
ivialiling Address	
Permanent Mailing Address (if different)	
Daytime Phone Number	
Evening Phone Number/Cell Phone	
Email Address (personal)	
Email Address (institutional)	
Clinical Interests (please check all that a   Audiologic Diagnostic Assessments Vestibular Assessments and Rehabilita   Hearing Aid Selection, Fitting and Man   Pediatric Testing Cochlear Implants Tinnitus Assessment and Treatment   Electro physiologic Testing Auditory Processing Assessment and T   Industrial Testing Intraoperative Monitoring Hearing Conservation Aural Rehabilitation Assistive Listening Devices	tion agement
□Other:	



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Please explain your vision for the future of audiology.	
By signing below, I attest that all the information contained in this application is correct.	
Printed Name of Student:	
Signature of Student:	
Date:	