

Peer Mentoring Program Application

Please complete the information below. In addition, please include the following with your application:

- Application
- Letter of Interest/Intent
- Documentation of hearing loss
 - o Copy of audiogram or letter from audiologist
- Evidence of bachelor's degree or higher
- Three (3) letters of reference attesting to your suitability for this program

Send application materials to:

Matthew H. Bakke, Ph.D.
Gallaudet University SLCC 3203
Department of Hearing, Speech, & Language Sciences
800 Florida Avenue, NE
Washington, DC 20002

Letter of Interest:

In your letter of interest/intent, please include the following:

- State what motivates you to join the program
- Describe any leadership, service, and/or mentoring experience you have had
- Discuss your interpersonal skills and how you have successfully worked with others in a collegial fashion
- Tell how and where you feel mentoring skills will be most beneficial in your life/career
- Discuss your time commitment to this training program
- Discuss your commitment to completing the program if you are accepted

Questions? Contact admissions@peers4access.org

Checklist for Application to Peer Mentoring Program

- Application
- Letter of Interest/Intent
- Documentation of hearing loss
 - Copy of audiogram or letter from audiologist
- Evidence of bachelor's degree or higher
- Three (3) letters of reference attesting to your suitability for this program
 - First letter of reference (name): _____
 - Second letter of reference (name): _____
 - Third letter of reference (name): _____

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Email admissions@peers4access.org with any questions.

Peer Mentoring Program Application Form

Full Name: _____

Address: _____

Do you have internet access on a regular basis? YES NO

Rate your computer skills/ experience below: (1=noVICE, 5=expert)

Novice	Expert
1	5
2	
3	
4	

Please describe your experience: _____

Email Address: _____

Please describe your degree of hearing loss or enclose an audiogram:

Do you use hearing technology? YES NO

If yes, do you use:

- Amplification/hearing aid(s)? _____
- Cochlear implant? _____
- Assistive listening devices (ALDs)? _____

Highest degree of education:

- B.A. or B.S. M.A. or M.S. Ph.D.

Age Group (Optional):

- 19-29 30-39 40-49 50-59 60+

Racial/Ethnic Background (Optional):

- African American _____ Asian American _____
 Latino _____ Asian- Pacific _____
 Native American _____ Caucasian (Non- Hispanic) _____