

## **Peer Mentoring Program Application**

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

- 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

**Send application materials to:**

Samantha Kleindienst, AuD, CCC-A  
Gallaudet University SLCC #3103  
Department of Hearing Speech & Language Sciences  
800 Florida Ave, N.E.  
Washington, DC 20002

**Letter of Interest:**

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

- State what motivates you to join this 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](mailto: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 of 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): \_\_\_\_\_

### **Send application materials to:**

Samantha Kleindienst, AuD, CCC-A  
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**Email [admissions@peers4access.org](mailto:admissions@peers4access.org) with any questions.**



**Age Group (optional)**

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

**Racial/Ethnic Background (optional):**

- |   |   |
|---|---|
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Asian American _____           |
| <input type="checkbox"/> Latino _____           | <input type="checkbox"/> Asian-Pacific _____            |
| <input type="checkbox"/> Native American _____  | <input type="checkbox"/> Caucasian (Non-Hispanic) _____ |