

**REHABILITATION COUNSELING WITH DEAF AND HARD OF HEARING ADULTS**  
REGIONAL RESOURCE CENTER ON DEAFNESS  
WESTERN OREGON UNIVERSITY  
MONMOUTH, OREGON 97361

**APPLICATION**

**PLEASE PRINT OR TYPE**

**APPLICATION DEADLINE: April 3, 2017**

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Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Business Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please list an e-mail you check regularly as we will use this to send you program updates.

U.S. Citizenship: \_\_\_\_ Yes \_\_\_\_ No (If no, attach statement of steps being taken)

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**EMPLOYMENT** (List your three most recent positions, including your present position)

| <u>Name &amp; Address of Employer</u> | <u>Position Title</u> | <u>Dates of Employment</u> |
|---------------------------------------|-----------------------|----------------------------|
|                                       |                       |                            |
|                                       |                       |                            |
|                                       |                       |                            |

**SUMMARY OF PREVIOUS EDUCATION & TRAINING**

COLLEGE & UNIVERSITY EDUCATION

| <u>Name &amp; Location of Institution</u> | <u>Period of Study</u> |           | <u>Major</u> | <u>Degree</u> |
|---|------------------------|-----------|--------------|---------------|
|   | <u>From</u>            | <u>To</u> |              |               |
|   |                        |           |              |               |
|   |                        |           |              |               |
|   |                        |           |              |               |

SUPPLEMENTARY EDUCATION (recent in-service training, institutes, short courses, etc.)

| <u>Subject</u> | <u>Sponsored by</u> | <u>Approx. Dates of Study</u> |
|----------------|---------------------|-------------------------------|
|                |                     |                               |
|                |                     |                               |
|                |                     |                               |

OVER

## RECOMMENDATIONS

Please submit three letters of recommendation, including one from your current supervisor. Please list below those persons from whom you are requesting recommendations. Also, please have your recommendations sent directly to the Director of the RCDHHA Program.

| <u>Name/Title/Office</u> | <u>Address</u> | <u>Telephone</u> |
|--------------------------|----------------|------------------|
|                          |                |                  |
|                          |                |                  |
|                          |                |                  |

STATE BRIEFLY WHY YOU ARE REQUESTING THIS TRAINING. PLEASE INDICATE HOW SERVICES TO DEAF AND HARD OF HEARING PEOPLE WILL BE IMPROVED BY YOUR COMPLETING THE RCDHHA PROGRAM (if necessary, attach separate sheet).

**This long-form application and three reference letters must be submitted by April 3, 2017**

**NOTE: Full scholarships will be awarded to all selected participants who live beyond a commutable distance from WOU. Scholarships include tuition for the 9-credit program and a stipend of approximately \$3,000 which may be applied to travel, housing and meals, and other expenses.**

If you have questions about the four-week RCDHHA program or the participant selection process, please contact:

Cheryl Davis, Ph.D., Director  
Regional Resource Center on Deafness  
Western Oregon University  
Monmouth, Oregon 97361  
503-838-8444 v/tty • Fax 503-838-8228  
E-mail [RRCD@wou.edu](mailto:RRCD@wou.edu)