ILEND Community Trainee Application

Iowa Leadership Education in Neurodevelopmental and related Disabilities Program

**Application Checklist**

Cover letter describing your interest in the ILEND Program and includes answers to the following questions:

1. Why do you want to be a trainee in the ILEND program?
2. In what ways have you already demonstrated leadership?

Completed application form (this document)

Copy of resume/curriculum vitae

Send all materials by email to [julie-temple@uiowa.edu](mailto:julie-temple@uiowa.edu)

Arrange to have two recommendation letters emailed directly to [julie-temple@uiowa.edu](mailto:julie-temple@uiowa.edu)

Are you legally eligible for employment in this country?  Yes No

(Proof of US Citizenship or permanent resident status will be required if you will be receiving a stipend.)

**LEND TRAINING PROGRAM APPLICATION**

|  |  |
| --- | --- |
| Name |  |
| Home Address: |  |
| Street |  |
| Apt # |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |

**Ethnicity**: Hispanic/Latino Not Hispanic/Latino Prefer not to answer

**Race**: Black or African American American Indian/Alaska Native Asian

White Native Hawaiian/Pacific Islander More than one race

Prefer not to answer

Languages spoken:

**Education:**

**Highest level of Education**

Degree Earned: High School. B.A. B.S. B.Ed. B.S.W.

Other:

Degrees Earned:

|  |  |  |  |
| --- | --- | --- | --- |
| High School/College/University | Degree | Date of Graduation | Major/Discipline |
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**Current University/Department School and Address (if applicable):**

|  |  |
| --- | --- |
| University |  |
| School/Department |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Degree in Progress (Please specify) |  |

**Area of Experience (Check the one that best applies)\*:**

\*If you are applying for the Family or Self-Advocacy disciplines, please complete the Family or Self-Advocacy application on the ILEND recruitment page.

Direct Service Provider

Law Enforcement/Criminal Justice

Community Agency

Business Owner

Public Office/Public Policy

Medical Professional

School Professional

Faith-Based Organization

Cultural Broker

Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workshops/Training/Presentations related to your area of expertise that you have attended if not included in your resume (list no more than 5):**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Conference, Workshop, Presentation | Sponsoring Organization | Approximate Date(s) | Location |
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**Workshops/Training/Presentations related to your area of expertise in which you have presented if not included in your resume (list no more than 5):**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Conference, Workshop, Presentation | Sponsoring Organization | Approximate Date(s) | Location |
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Please describe your experience with and interest in disability.

What skills do you hope to develop through the LEND program?

How do you see yourself applying what you learn in the LEND to your future activities?

How did you hear about the ILEND program? Please select all that apply:

A current or former ILEND trainee

A presentation in one of your classes

A professor/advisor/mentor in your discipline

Participation in a program that partners with ILEND (SHPEP, SROP, Upward Bound,

UI STEM, UI REACH, etc.). Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The ILEND website

Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** List names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation to us.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Mailing Address | Phone Number | Email Address |
|  |  |  |  |
|  |  |  |  |

*Please submit your completed application form to:*

Julie Temple, ILEND Administrative Services Coordinator at [julie-temple@uiowa.edu](mailto:julie-temple@uiowa.edu)

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