ILEND Program Application\*

Iowa Leadership Education in Neurodevelopmental and related Disabilities Program

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

**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?
3. What does it mean to be a leader in your chosen field, and what type of career do you envision for yourself?

[ ] Completed application form (this document)

[ ] Copy of resume/curriculum vitae

[ ] Send all materials by email to julie-temple@uiowa.edu

[ ] Arrange to have two recommendation letters emailed directly to 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:**

Degrees Earned:

|  |  |  |  |
| --- | --- | --- | --- |
| College/University | Degree | Date of Graduation | Major/Discipline |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Current University/Department School and Address:**

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

**Major/Discipline (Check only the one that best applies):**

[ ] Audiology

[ ] Education – Mental Health Counseling

[ ] Education – Rehabilitation Counseling

[ ] Education – School Counseling

[ ] Healthcare Administration

[ ] Nursing

[ ] Medicine

[ ] Physical Therapy

[ ] Psychology

[ ] Public Health

[ ] Social Work

[ ] Speech-Language Pathology

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

**Workshops/Training/Presentations related to your discipline 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 discipline 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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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

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