

100 Hawkins Drive lowa City, IA 52242 uichildrens.org/cdd

ILEND Program Family Trainee Application

Iowa Leadership Education in Neurodevelopmental and related Disabilities Program

Application Checklist					
☐Completed application form (this document)					
☐Copy of resume/curriculum vitae – please contact Julie Temple at the email below if you would like assistance					
Send all materials by email to julie-temple@uiowa.edu					
Arrange to have two recommendation letters emailed directly to <u>julie-temple@uiowa.edu</u>					
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:					
Race:					
☐White ☐Native Hawaiian/Pacific Islander ☐More than one race					
☐Prefer not to answer					
Languages spoken:					
Child's/Children's Diagnosis:					





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Education: Highest level of Education Degree Earned:						
☐Other: High School/College/University Degree Date of Major/Discipline						
High School/College/University Degree Date of Major/Discipling						
High School/College/University Degree Date of Major/Discipling						
Current University/Department School and Address (if applicable):						
University						
School/Department School/Department						
Address 1						
Address 2						
City/State/Zip						
Degree in Progress						
(Please specify)						
Workshops/Training/Presentations in Family or disability that you have <u>attended</u> if not included in your resume (list no more than 5):						
Title of Conference, Workshop, Presentation Sponsoring Organization Date(s)						



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Workshops/Training/Presentations in Family or disability in which you have <u>presented</u> if not included in your resume (list no more than 5):

Title of Conference, Workshop, Presentation	Sponsoring Organization	Approximate Date(s)	Location

How has having a child with special needs impacted your life?

Why do you want to be a family trainee in the ILEND program?





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In what ways have you already demonstrated leadership and/or advocacy?
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?



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How did you	u hear about the ILEND program? Please se	lect 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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