



# IEND 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 IEND recruitment page.

## Application Checklist

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

1. Why do you want to be a trainee in the IEND 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](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.)

## IEND 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

**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

**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

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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