ILEND Program Self-Advocacy 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](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:

|  |  |  |  |
| --- | --- | --- | --- |
| 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) |  |

**Workshops/Training/Presentations in Self-Advocacy or disability 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 in Self-Advocacy or disability 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 answer the following questions (you may either type your answers on this form or record video or audio of your answers and send them in electronically):

Which disability category do you identify with? (Please check all that apply)

Physical disability Autism

Intellectual disability Down Syndrome

Cerebral Palsy Mental illness

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to provide more information about your disability, please do so here.

Do you require any special accommodations? Yes No

If yes, please describe:

Please tell us about your disability and the impact it has had on your life.

Why do you want to be a self-advocacy trainee in the ILEND program?

In what ways have you already shown self-advocacy and leadership?

What has helped you lead/advocate? What has been difficult?

How do you see using what you learn in the LEND in 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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