



IEND Community Trainee Application

Iowa Leadership Education in Neurodevelopmental and related Disabilities Program

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?

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.)

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:

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

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

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

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

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