



IEND 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
- 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: _____

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)	

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



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

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
- Intellectual disability
- Cerebral Palsy
- Other _____
- Autism
- Down Syndrome
- Mental illness

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

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