ILEND Program Application\* Lived Experience (Family and Self-Advocates)

\*If you are applying as a **graduate student or practicing professional**, please complete the **Graduate Student & Practicing Professional application** on the ILEND recruitment page. Please reach out to Julie Temple for accommodations completing the application if needed.

**Application Checklist**

* Cover letter describing your interest in the ILEND Program and includes answers to the following questions:
1. Why do you want to be a trainee in the ILEND program?
2. In what ways have you already demonstrated leadership/advocacy?
3. What has helped you lead/advocate? What has been difficult?
4. How do you see using what you learn in the LEND in your future activities?
* Completed application form (this document)
* Copy of resume/curriculum vitae
* Send all materials by email to lori-vandervelden@uiowa.edu
* Arrange to have two recommendation letters emailed directly to lori-vandervelden@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.)

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

**Current Employment & Graduate Positions Projected Hours During ILEND Year (if applicable)**

|  |  |
| --- | --- |
| Employer Name |  |
| Estimated hours  |  |
|  |
| Graduate Position Title (GA, TA, etc.) |  |
| Estimated Hours |  |

**Do you identify as a:**

[ ]  Person with a disability

[ ]  Family member/caregiver of a person with a disability

What disability category applies to you or your family member? (Please check all that apply)

[ ]  Physical disability [ ]  Autism

[ ]  Intellectual disability [ ]  Down Syndrome

[ ]  Cerebral Palsy [ ]  Mental illness

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your or your family member’s disability and the impact it has had on your life (living, working, participating in the community).

Do you require any accommodations to participate in the ILEND program?

 [ ]  Yes [ ]  No

If yes, please describe:

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

[ ]  The ILEND website

[ ]  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** List names, position, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation to us.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position (or relationship to applicant) | Phone Number | Email Address |
|  |  |  |  |
|  |  |  |  |

*Please submit your completed application form to:*

Lori Vander Velden, ILEND Administrative Services Coordinator at

lori-vandervelden@uiowa.edu

The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. Persons with disabilities who need assistance or accommodations with the application or interview process may contact University Human Resources/Faculty and Staff Disability Services, (319) 335-2660 or fsds@uiowa.edu. For jobs in UI Health care, please contact UI Health care Leave & Disability Administration at 319-356-7543.