

# Application for Self-Advocate Trainee Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program

## Application Checklist

Cover letter describing your interest in The LEND Program and includes answers to the following questions

1. How has disability impacted your life?
2. Talk about experiences that have helped make you a good candidate for the LEND program.
3. What skills do you hope to develop through the LEND program?

Completed application form (this document)

Copy of resume/curriculum vitae (optional)

Send all materials by email to [LENDTraining@cchmc.org](mailto:LENDTraining@cchmc.org)

Arrange to have two completed recommendation forms sent or emailed directly to [LENDTraining@cchmc.org](mailto:LENDTraining@cchmc.org)

Are you legally eligible for employment in this country?                      Yes                      No  
(Proof of US Citizenship for permanent resident status will be required if you will be receiving a stipend.)

## SELF-ADVOCATE TRAINEE PROGRAM APPLICATION

Name \_\_\_\_\_

Home Address:  
Street \_\_\_\_\_  
Apt # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Work Address (if applicable):  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Suite \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_  
E-Mail \_\_\_\_\_

**EDUCATION:**

Degrees Earned (If Applicable):

College/University	Degree	Date of Graduation	Major/Discipline

Degree in Progress (If Applicable) \_\_\_\_\_  
Discipline of Current Degree Program: \_\_\_\_\_  
Name of Training Director \_\_\_\_\_

**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 CHECK AREAS OF INTEREST:**

- Advocate/Professional Collaboration
- Early Intervention
- I.E.P. (Individualized Education Plan)
- Family Support Services (FSS)
- Transition Services
- Medicaid Waiver Services
- Grant Writing
- Public Speaking
- Assistive Technology
- Public Policy/Advocacy
- Other:

**Community Associations/Organizations in which you are a member:**

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**Community Volunteer Experiences:**

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**Advisory/Governing Board, Council, Committee Membership:**

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**Honors and Awards:**

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