

Wisconsin Leadership Education in Neurodevelopmental and Related Disabilities (WI LEND) Program

Application Form

Waisman Center, University Center for Excellence in Developmental Disabilities, UW-Madison

You can fill out this form electronically and save as a file on your computer. Make sure to save your work!

If you need assistance completing this application, please contact Katherine Mowery by email (kmowery@wisc.edu) or phone (608-263-7148).

Name:

LEND aims to engage and educate a diverse cohort of trainees.

Date of application:

OPTIONAL:

Date of Birth:

Minority: ☐ Yes ☐ No ☐ Prefer not to say

Disability: ☐ Yes ☐ No ☐ Prefer not to say

Local Address:

Street Address:

If you are a degree-seeking student, please fill in the section below:

City/State/Zip:

University:

Phone(s):

Program Level:

Email:

☐ Masters level graduate student

☐ Doctoral level graduate student

☐ Post-doctoral fellow

☐ Other (please specify):

Home/Permanent Address:

Street Address:

Degree program status:

City/State/Zip:

☐ Part-Time Student

Phone(s):

☐ Full-Time Student

Anticipated graduation date (MO/YR):

I am applying under the following LEND discipline
(choose **one** from dropdown menu below):

I am applying to participate in LEND at the
following training site:

☐ UW-Madison (main WI LEND site)

☐ UW-Milwaukee (WI LEND Milwaukee-Link site)

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WI LEND aims to advance the leadership and professional practice skills of its trainees. In the following sections (“training” and “experience”), provide information about prior training and experience that best demonstrates your commitment to learning and leadership development related to improving the lives of children with neurodevelopmental and related disabilities and their families.

Training (list most relevant disability and leadership course work, workshops, and/or trainings completed):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Experience (include all relevant paid and unpaid experiences):

Estimate number of total hours, or years of lived experience:

Please describe the experiences (use more space as needed):

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Describe your leadership development journey and how you think LEND training will shape your ability to improve the lives of children with neurodevelopmental and related disabilities and their families by answering the following questions:

1. What does leadership mean to you, and what qualities do you think speak to your leadership potential?
2. What do you hope to gain from participating in an interdisciplinary program focused on leadership development related to improving the lives of children with disabilities and their families?
3. Looking five years into the future, what is your vision for how you will contribute to improving the lives of children with neurodevelopmental and related disabilities and their families?

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Commitment to Participate in WI LEND Follow-up and Evaluation Processes:

WI LEND is a special training program funded by the federal Maternal & Child Health Bureau of the Department of Health & Human Services (MCHB/DHHS) to prepare trainees who are parents of children with developmental disabilities, self-advocates, or students/graduates from disciplines including audiology, genetic counseling, medicine, nursing, nutrition, occupational therapy, physical therapy, psychology, public health, social work, special education and speech/language pathology for leadership and advanced professional practice in order to improve the lives of children with neurodevelopmental and related disabilities and their families.

The measure of the WI LEND Program is based on the work done by the program graduates. Therefore, participants are asked to complete trainee surveys after completion of the program. The professional development of each individual will be tracked for over 10 years to note leadership activities and accomplishments.

By entering my name in the Student/Applicant Signature line below, I confirm that if I enter the WI LEND Program I am willing to participate in the 10-year evaluation and follow-up process, including completing the program follow-up forms sent to me after I have finished the program.

Student/Applicant Signature: _____

Date: _____

Application Checklist

Please be sure to submit all of the following:

- ✓ This completed application
- ✓ A curriculum vitae or resume
- ✓ A recommendation form from someone who can speak to your leadership potential and commitment to improving the lives of children with developmental disabilities and their families (applicants currently enrolled in a graduate degree program should include a letter of reference from a faculty member)
- ✓ Official academic transcripts (all applicants regardless of discipline should submit copies of all undergraduate and graduate transcripts for current or previous enrollment as a college student)

Make sure to save this form now! It can be sent as an email attachment, or printed and included with other mailed paperwork.

If you wish to email your completed application and curriculum vitae or resume, please email to Katherine Mowery at kmowery@wisc.edu.

All transcripts, letters of recommendation, and other paperwork sent by mail should be addressed to:

**WI LEND Program
c/o Katherine Mowery
Waisman Center, RM A140
University of Wisconsin-
Madison 1500 Highland Avenue
Madison, WI 53705-2280**