



VT LEND APPLICATION PROCEDURE

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Follow the steps below to apply and send application form and documents to :

Ivania Mangas, Program Specialist, : ivania-belen.ruiz-mangas@med.uvm.edu

To apply, you will need:

- Complete application form (Page 3, 4 and 5)
- One letter of recommendation either from:
 - A teacher, professor, supervisor, professional in the community, a community member of a person with a disability

Ask the person writing the letter to write about:

- Your experience or work with people who have disabilities
- Your leadership experience OR your skills to become a leader
- Your speaking and writing skills

- A 1 or 2 page letter saying why you want to be in the VT LEND program.

Write about:

- Your leadership goals and work in leadership
- Any experience or work you have done about disabilities
- Your work with families who have children with disabilities
- Your work or learning about cultural diversity
- Your work or learning about working on a team
- Your work or learning about policy or advocacy
- Any research you have done

- Your resume

- Original transcript (Copy of your records) from your high school or college. A copy is ok if you went to a college outside the United States or you are in a graduate program at UVM.

Email all these papers to:

Ivania Mangas, Program Specialist, ivania-belen.ruiz-mangas@med.uvm.edu

(See application on next two pages)

APPLICATION FORM

NAME:

DATE OF APPLICATION:

DISCIPLINE:

HOME ADDRESS:

PHONE: Home

Work

Cell

E-MAIL:

Are you a current Graduate Student at The University of Vermont (UVM)? **Yes** **No**

If you answered, YES, are you receiving any form of stipend from UVM or any other Federal Student stipend (this does not include student loans)? **Yes** **No**

If you answered, YES, please describe the type of stipend you are receiving, i.e. GTA, GTF.

Are you a current UVM employee? **Yes** **No**

Do you have any affiliation with UVM? **Yes** **No**

EDUCATION:

High School

Year

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College/University

Major and Degree

Year

CURRENT JOB:

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Please describe your work responsibilities:

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CLINICAL/PROFESSIONAL EXPERIENCE or WORK IN DISABILITY:

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REFERENCE:

1. Name:

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Phones:

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