VT LEND APPLICATION PROCEDURE

Before submitting an application, please contact one of the people below:

**Mercedes Avila**  Program Director/Education Faculty  802-656-8376  maria.avila@med.uvm.edu

**Mary Alice Favro**  Training-Clinical Director/Speech-Language Faculty  802-656-1915  maryalice.favro@uvm.edu

To apply, you will need:

- Complete application form
- Two (2) letters of recommendation
  - One letter from a teacher or professor
  - One letter from a supervisor, a professional in the community, OR a family 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 skills
- Your 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

Revised 06/19/17
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.

Mail or email all these papers to: Esther Doh ndoh@uvm.edu

VT LEND Program, Attn: Esther Doh
University of Vermont
477 RE4, UHC
1 S. Prospect Street
Burlington, VT 05401
APPLICATION FORM

NAME: 

DATE OF APPLICATION: 

DISCIPLINE: 

HOME ADDRESS: 

PHONE: 
Home 
Work 
Cell 

E-MAIL: 

EDUCATION: 
High School Year 
College/University Major Degree Year 

CURRENT JOB: 
Please describe your work responsibilities: 

CLINICAL/PROFESSIONAL EXPERIENCE or WORK IN DISABILITY: 

Revised 06/19/17
REFERENCES:

1. Name: ___________________________ Phone: ___________________________

2. Name: ___________________________ Phone: ___________________________