VT LEND APPLICATION PROCEDURE

Before submitting an application, please contact:

Ivania Belen Ruiz Mangas  Program Specialist  802-656-0204
Ivania-belen.ruiz-mangas@med.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

☐ 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.

Revised 07/26/19
Mail or email all these papers to: Ivania Belen Ruiz Mangas
Ivania-belen.ruiz-mangas@med.uvm.edu

VT LEND Program, Attn: Ivania Belen Ruiz Mangas
University of Vermont
477 RE4, UHC
1 S. Prospect Street
Burlington, VT 05401

(See application on next two pages)
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 07/26/19
REFERENCES:

1. Name: ___________________________ Phone: ___________________________

2. Name: ___________________________ Phone: ___________________________