

**VT LEND APPLICATION PROCEDURE**

Before submitting an application, please contact:

**Bidur Dahal** Educational Coach : [bidur.dahal@med.uvm.edu](mailto:bidur.dahal@med.uvm.edu)

**To apply, you will need:**

□ Complete application form (Page 3, 4 and 5)

□ 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.

**Email all these papers to:** Bidur Dahal, [bidur.dahal@med.uvm.edu](mailto:bidur.dahal@med.uvm.edu)

**(See application on next two pages)**

**APPLICATION FORM**

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NAME:

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DATE OF APPLICATION:

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DISCIPLINE:

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HOME ADDRESS:

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PHONE: Home

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Work

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Cell

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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.

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

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

**EDUCATION**:

High School Year

College/University Major Degree Year

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**CURRENT JOB:**

Please describe your work responsibilities:

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**CLINICAL/PROFESSIONAL EXPERIENCE or WORK IN DISABILITY**:

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**REFERENCES:**

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1. Name:

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Phone:

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1. Name:

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Phone: