



# Westchester Institute for Human Development

## *University Center for Excellence in Developmental Disabilities*

### Application Form for Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program

Cedarwood Hall, 331  
20 Plaza West  
Valhalla, NY 10595  
(914) 493-8175 or [wihdlend@wihd.org](mailto:wihdlend@wihd.org)

**Please use the checklist below to assure completeness of your application to the LEND Program:**

- Complete all fields in the online application form
- Attach resume/curriculum vitae
- Attach transcript (unofficial copy is acceptable)
- Attach a personal statement (1-2 pages) that addresses:
  - Your previous experiences in leadership and in working with children with disabilities and families.
  - Your reasons for wanting to incorporate the LEND program into your training in the coming year.
  - How you will apply new knowledge and skills from the LEND program in your work with children and families and in your future career.
- In addition, you must provide information about two references who will complete and submit LEND Recommendation Forms to us. These should be faculty members if you are a current student or professional references if you are not. Even if you have already provided letters of recommendation to WIHD for a clinical practicum, internship or fellowship, you are required to have two LEND Trainee Recommendation Forms submitted. Recommendation forms are available on the [LEND application page \(http://www.wihd.org/lendapplication\)](http://www.wihd.org/lendapplication). **NOTE:** Applicants must fill out the top section of recommendation forms before sending to the persons making the recommendations.

**IMPORTANT! Adobe Reader XI is required to save completed LEND Application and Recommendation Forms, and is available free at: <http://get.adobe.com/reader/>**

Please send all application materials to: [wihdlend@wihd.org](mailto:wihdlend@wihd.org)  
Alternately, you may simply print and Fax to the LEND office at **(914) 493-1973**

For assistance or information regarding this form please contact:  
[wihdlend@wihd.org](mailto:wihdlend@wihd.org) or (914) 493-8175



## LEND TRAINING PROGRAM APPLICATION

Application Date \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address:

Street address \_\_\_\_\_

Line 2 address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email address \_\_\_\_\_

Phone where you may be contacted during business hours \_\_\_\_\_

Are you legally eligible for employment in this country? (Proof of US citizenship or immigration status will be required if you will be receiving a stipend.)

Yes    No

Current University/College \_\_\_\_\_

(If you are currently not enrolled in a university/college, enter "NA" in these fields)

Department or School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Degree in progress \_\_\_\_\_

Name of your program director \_\_\_\_\_

List degrees that you have completed; enter NA in these fields if you have not earned any degrees in the past

Other Degrees Held:

Degree	College/University	Major/Discipline	Degree Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RECOMMENDATIONS:**

List names, addresses, phone numbers, and e-mail addresses of two individuals who will be forwarding LEND Trainee Recommendation Form to us.

1.

Name \_\_\_\_\_

Address \_\_\_\_\_

Line 2 address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2.

Name \_\_\_\_\_

Address \_\_\_\_\_

Line 2 address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_