MI-LEND Trainee Application 2025-26

Thank you for your interest in applying to be a MI-LEND Trainee for the 2025-2026 cohort year. Please complete the items that follow to the best of your knowledge. If at any time you have questions about MI-LEND, the application process, or need help or accommodations to complete the application, please email the MI-LEND Training Director, Michael Bray (mikebray@wayne.edu). MI-LEND will work with you to fully complete the application.

**MI-LEND Program Commitment**
Program requirements for the 2025-2026 Cohort year include:

* Completion of 300 hours of didactic, clinical, and community/family experiences.
* Active participation in 14, 90-minute Zoom sessions (starting September 2025).
* Five (5) in-person and 1 virtual all-day Friday sessions (9:30 AM - 5:00 PM) (starting September 2025).
* Completion of online learning modules and activities throughout the year.

Name and contact information:

* First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Middle Name or Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Primary Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current** address information:

* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address (cont): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen?

* Yes
* No

Your date or year of birth: (MM/DD/YYYY or YYYY)

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Please enter your gender identity below: (e.g. man, woman, nonbinary, transman, prefer not to disclose, etc.)

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Your Racial Identity: (select all that apply)

* Asian American
* African American/Black
* Hispanic, Latino, or Spanish Origin
* Middle Eastern or North African
* Native American or Alaska Native
* Native Hawaiian or Pacific Islander
* European/White
* Prefer not to disclose
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q9 Your Ethnicity:

* Hispanic
* Non-Hispanic
* Unknown
* Prefer not to disclose

What is the university, program, employer, or organization you are currently affiliated with? (Please select one):

* Central Michigan University
* Michigan State University
* Northern Michigan University
* University of Michigan (Ann Arbor)
* University of Michigan-Dearborn
* Wayne State University
* Western Michigan University
* Homer Stryker MD School of Medicine (WMed)
* The Family Center
* I am not affiliated with an organization or enrolled at a university
* Other university, employer, or organization (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are currently enrolled at a university, what will your standing be as of September 2025? (Skip if not enrolled in a program)

* Undergraduate student
* Graduate student
* Doctoral student
* Post-doctoral student/fellow
* Resident
* Extern
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your discipline, field, academic department, or major area of study (e.g. audiology, pediatric medicine, occupational therapy etc.)? If you are not a student, you may list your discipline as self-advocate, parent, family member, or other.

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Expected date of graduation or degree completion: (if applicable)

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Need Help?
 If you experience any technical problems while completing this application, please contact
 Michael Bray at mikebray@wayne.edu or by phone at (313) 577-4178.

Are you a self-advocate? (e.g. a person with one or more disabilities)

* Yes
* No
* Prefer not to disclose

Are you a parent of a person with one or more disabilities?

* Yes, I am a parent of a person with one or more disabilities
* No, I am not a parent of a person with one or more disabilities
* Prefer not to disclose

Q17 Other than a parent, are you a family member of a person with one or more disabilities? (e.g. sibling)

* Yes, I am a family member of a person with one or more disabilities
* No, I am not a family member of a person with one or more disabilities
* Prefer not to disclose

Please provide responses for each question below **using 500 words or less per question.** If you need to provide your responses in a different format (for example, recorded video or audio), please contact mikebray@wayne.edu to make arrangements.

Why does MI-LEND training interest you? What do you hope to gain from a MI-LEND experience?

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Please share any experiences you have had working with families and/or individuals with developmental, intellectual, or neurodevelopmental disabilities. For example, working with families of individuals with autism spectrum disorder (ASD)? You may also share your own lived experience with disabilities or that of a family member.

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How will you use what you learn from MI-LEND to be a more effective leader in your field, practice, personal life, or job? How would MI-LEND training help you to be a better disability advocate?

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How does advanced training in neurodevelopmental disabilities fit with your future professional or personal goals?

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Please share any other information you would like the selection committee to know about you.

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**Availability**

All required MI-LEND Zoom and face-to-face sessions for the 2025-2026 cohort year are listed below. Please indicate whether you believe you will be available for these dates. While not likely, dates may shift due to unforeseen circumstances.

**MI-LEND Face-to-Face, In-person Meetings:** Fridays 9:30 AM to 5:00 PM:

09/05/2025 10/03/2025 11/07/2025 01/09/2026 (Virtual) 03/06/2026 04/10/2026

**MI-LEND Zoom (web-based, distance) Sessions:** Tuesdays from 5:30-7:00 PM:

09/09/2025 09/23/2025 10/07/2025 10/21/2025 11/04/2025 11/18/2025 12/09/2025 01/13/2026 01/27/2026 02/10/2026 02/24/2026 03/10/2026 03/24/2026 04/07/2026

As of today, will you be able to attend the above required MI-LEND activities during the 2025-2026 academic year?

* Yes
* No
* Unsure

**Notice of Trainee Stipend**
If you are selected and agree to being a MI-LEND Long-term Trainee for the 2025-2026 cohort year, you will receive financial support in the form of a stipend. If you are enrolled at a university, it would be your responsibility to connect with your academic department and Office of Financial Aid to understand how the stipend would affect your personal financial aid situation and how and when it is disbursed to you.

* I acknowledge that it is my responsibility to understand the impact of the MI-LEND stipend on my financial aid situation by contacting my institution's Office of Financial Aid.

**Resume or Curriculum Vita (CV)**
Email a current resume or CV to mikebray@wayne.edu

**Academic Transcript**
If you are currently enrolled in an academic program, upload an **Unofficial** transcript. Official transcripts may be requested if you are selected for the MI-LEND Program. If you have questions, please contact mikebray@wayne.edu

**Optional Writing Sample**

Email one paper, publication, policy statement, or presentation that you have created that you would like the application committee to see. Send to mikebray@wayne.edu

In addition to completing the online application, MI-LEND applicants are required to submit two recommendations. Please provide the names and email address of two individuals who will provide these recommendations below. **Be sure to type the person's email correctly. They will be automatically sent a recommendation link. All recommendations must be submitted by May 7, 2025.**

* 1st Recommender's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 1st Recommender's Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 2nd Recommender's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 2nd Recommender's Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the Federal Educational Rights and Privacy Act (FERPA) of 1974 as amended (P. L. 93-380), students are entitled to review their records, including letters of recommendation. It is the student’s option to waive their rights to access their recommendations or to decline to do so. MI-LEND does not require that you make such a waiver as a condition of acceptance.

 Do you waive your rights to read these recommendations?

* I waive my right to access this recommendation form.
* I do NOT waive my right to access this recommendation form.

Applicant Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After completing this application, please save and email the file to Michael Bray at mikebray@wayne.edu or call (313) 577-4178 if you have any questions.