MI-LEND Long-term Trainee Application

2021-2022 (Cohort 6)

Thank you for your interest in applying to be a MI-LEND Trainee for the 2021-2022 cohort year. Please complete the items that follow to the best of your knowledge. If at any time you have questions about MI-LEND or the application process, you may email the M-LEND Training Director, Michael Bray (mikebray@wayne.edu).

**PLEASE NOTE:** The current year (2021) is a grant re-application year for all LEND programs nationwide. As such, MI-LEND applicants will be informed about the status of their applications in early July 2021.

**Name and contact information:**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name or Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current** **address information:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (cont): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent address information if different from above (e.g. a parent's address):**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (cont): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your date of birth: (MM/DD/YYYY)**

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

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**Your Racial Identity: (select all that apply)**

* Asian
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Ethnicity:**

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

**What is the university, program, 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 or organization (please specify):

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

**If you are currently enrolled at a university, what will your standing be as of September 2021? (Select all that apply)**

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

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**Discipline, field, academic department, or major area of study: (e.g. Audiology, pediatrics, occupational therapy, self-advocate, family member, etc.)**

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**Expected date of graduation/degree conferral: (if applicable)**

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

**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

**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 250 words or less per question.**

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 current or past experiences you have had related to working with families and individuals with Autism Spectrum Disorder (ASD) or other neurodevelopmental disabilities?

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How does advanced training in, and knowledge of, neurodevelopmental disabilities fit with your future professional goals?

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How will you use what you learn from MI-LEND to be a more effective leader in your field, practice, or job?

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**Availability**
All required MI-LEND Zoom and face-to-face sessions for the 2021-2022 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. Depending on COVID-19 restrictions, some planned face-to-face activities may be moved to virtual delivery (i.e. Zoom).

**MI-LEND Face-to-Face Meetings,** Fridays 9:00 AM to 4:00 PM:

* 09/10/2021
* 10/08/2021
* 11/05/2021
* 1/07/2022
* 03/18/2022
* 04/15/2022

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

* 09/14/2021 & 09/28/2021
* 10/12/2021 & 10/26/2021
* 11/09/2021 & 11/23/2021
* 12/14/2021
* 01/11/2022 & 01/25/2022
* 02/08/2022 & 02/22/2022
* 03/08/2022 & 03/22/2022
* 04/05/2022

As of today, will you be able to attend the above required MI-LEND face-to-face and zoom activities during the 2021-2022 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 2021-2022 cohort year, you will receive a monetary stipend. If you are enrolled at a university, it would be your responsibility to connect with your university's 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)**

Please email your resume or CV to mikebray@wayne.edu

**Academic Transcript**

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

**Optional Writing Sample**

Please send one (1) publication, policy statement, or presentation that you have created that you would like the application committee to see. **This is optional.**

**Recommenders**

In addition to completing the online application, MI-LEND applicants are required to obtain 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 as they will be sent a recommendation link.**

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.

Your Signature:

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

Please email mikebray@wayne.edu this completed application before May 1, 2021 along with the following:

* Resume or Curriculum Vita
* Unofficial transcript (if you are a current student)
* Optional writing sample