

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

**Please use the checklist below to complete your LEND program application. For the first step of the application process, complete only the following:**

- **Applicant Information** on pages 2 to 4.
- Answer the 4 questions in the section titled **Personal Statement Questions** on pages 5 to 8. You may either write your responses in the space provided or submit a short video recording of yourself or voice recording answering these 4 questions with your application.
- Attach your **resume** / or **curriculum vitae (CV)**.

Applicants who are invited for an interview will also complete the following:

- Answer the **Accommodations/Supports** options on page 9.
- Provide the names and contact information for two people who can speak about your experiences, strengths, and commitment to advocacy in the section titled **References** on page 10.

**Email your application package to [LEND@Downstate.edu](mailto:LEND@Downstate.edu)**

**Include the following:**

- 1) Completed Application Form (applicant information, personal statement questions or your voice/video recording)
- 2) Your resume/CV

**Application deadline: 6-15-2026. Applicants selected for an interview will be notified via email within several weeks after the application deadline.**

You can read more information about Brooklyn LEND on our Website:

<https://www.downstate.edu/education-training/school-of-health-professions/brooklyn-lead/>

# Brooklyn LEND Program

## Leadership Education in Neurodevelopmental and Related Disabilities

### Application Form for Self-Advocates and Family Members

**Applicant Information****Application Date:** \_\_\_\_\_**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_**Home Address:**

Street Address (Line 1): \_\_\_\_\_

Street Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_**Alternate Email Address:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_**Emergency Contact (optional):** \_\_\_\_\_**Are you legally eligible for employment in the USA?**

- Yes, I am a US citizen or permanent resident\*
- Yes, I have a working visa
- Other \_\_\_\_\_

\*Proof of US citizenship or permanent residency status will be required of long-term trainees in order to receive a stipend

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

**Race/Ethnicity/Age Range:**

One of the goals of the LEND program is to “engage diverse cohorts of trainees and faculty, including those from underrepresented racial and ethnic groups, geographic regions and other factors reflecting the broader population”.

Therefore, race/ethnicity/age range information is required for each applicant for a traineeship. Please check which of the following you identify yourself as (you may select more than one):

**Race:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Age range:**

- 18-24
- 25-34
- 35-44
- 45-54
- 55+

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

**Highest level of formal education completed:**

- Some high school
  - High school diploma
  - HSE (High School Equivalency; GED, TASC)
  - Vocational, trade, or technical certificate
  - College / University
- Name of the college or university and degree obtained
- 

**Which training level are you applying for?**

- Long-Term Trainee (LTT) (300+ hrs/year)
- Medium-Term Trainee (MTT) (40 - 149 hrs/year)
- Short-Term Trainee (STT) (1-39 hrs/year)

**Your discipline:**

- Self-Advocate (individual with ASD or other neurodevelopmental disability)
- Family Member (parent of sibling of individual with ASD or other neurodevelopmental disability)

**Have you previously completed another LEND program or are you currently a trainee?**

- \*Yes
- No

\*If yes, please provide the name of the institution that hosted/hosts the program and whether you were/are an LTT, MTT or STT

---

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

#### **Personal Statement Questions**

You can write your answers to the 4 personal statement questions using the space on pages 5 to 8.

1. What do you hope to learn from the LEND program?

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

2. Describe any training or lived experiences related to advocacy that show your commitment to supporting people with disabilities and/or their families or speaking up about disability issues.

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

3. What changes in your community and/or system supports would you like to see for people with disabilities and/or their families.

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

The requirements for Long-Term Trainees include:

- Practicum experiences at our clinical training sites (40 hours). Note that most of these practicum experiences will occur during the work week.
  - Attending Tuesday evening didactics (7-8:30 pm)
  - Attending Wednesday mentorship sessions (7-8 pm)
  - Attending 4 workshops (in person or via ZOOM) scheduled on Fridays (11 am to 1 pm)
4. How do you plan to fulfil these requirements within your current schedule if you are applying for a Long-Term Trainee?

# **Brooklyn LEND Program**

## **Leadership Education in Neurodevelopmental and Related Disabilities**

### **Application Form for Self-Advocates and Family Members**

#### **Accommodations/Supports**

Brooklyn LEND is committed to practicing the principles of accessibility and inclusion that we promote in our work. If accepted into the program, what accommodations or supports would help you fully participate?

Please select all that apply:

- Closed captioning during Zoom sessions
  - Materials provided in advance of meetings
  - Extra time to complete assignments or activities
  - Breaks during longer meetings or workshops
  - Assistance with technology or virtual platforms
  - Other: (Please Specify):
-

# Brooklyn LEND Program

## Leadership Education in Neurodevelopmental and Related Disabilities

### Application Form for Self-Advocates and Family Members

#### References

Please list the names, emails, and phone numbers for two references who can tell us about your experiences, strengths, and commitment to advocacy:

Reference #1	
Name	
Email	
Phone number	

Reference #2	
Name	
Email	
Phone number	

You need to email your references the Letter of Recommendation form after you fill out the Section 1 first. Your references should email the completed form directly to [LEND@Downstate.edu](mailto:LEND@Downstate.edu) and write in the Subject section of the email your full name.