



**University of Massachusetts Medical School/E.K. Shriver Center
Leadership Education in Neurodevelopmental and Related
Disabilities (LEND) Program**

200 Trapelo Road, Waltham, MA 02452-6368

LEND Fellowship Application Form

Please submit your application, up-to-date curriculum vitae, official college and graduate school transcripts and other required materials (see list on last page) as soon as possible so that we may begin the review process. Please type or print your responses. If you have any questions, contact the LEND Program at 781-642-0045.

Personal Information

Name: _____ Date of Birth: _____
first middle initial last (optional)

Gender: Male _____ Female _____

Please indicate your ethnic background (this information is used for statistical purposes only): _____
(optional)

Present Address: _____
street city state zip code

Permanent address if different: _____
street city state zip code

Phone Number: Home () _____ Work () _____

Please indicate the best number at which to reach you: Home _____ Work _____

E-mail Address 1: _____

E-mail Address 2: _____

Emergency contact person:

Name: _____

Address: _____

Phone number: () _____

How did you learn about the LEND program? _____

Educational Information:

College/University Attended	Degree(s)	Major	Date of Degree

Other Training, Special Courses (indicate dates):

Honors/Prizes Received:

Work Information:

Work History (list most recent first):

Organization	Location	Position	Dates

Volunteer Work Relevant to this LEND Fellowship:

Organization	Location	Position	Dates

Other Volunteer Work:

Organization	Location	Position	Dates

On a separate sheet of paper, please write (type) a **Personal Statement** of your professional and personal philosophy, short- and long- term goals, and how involvement in the LEND Fellowship Program and the Master in Health Administration Program at Suffolk University will help you achieve these goals. Make particular reference to your personal experience or work with children, families and persons with disabilities. Include special areas of interest. Please describe how you have demonstrated leadership in the past (either personally or professionally). Give an example of something in your personal life or background that identifies you as a person with leadership potential.

Please check one of the following:

- Yes, I plan on applying for the Master in Health Administration degree at Suffolk University.
- I need more information about the Master in Health Administration program before I can make a decision.
- No, I am not interested in obtaining a Master in Health Administration degree.

I certify that the information in this application is correct and accurate.

Signature: _____

Date: _____

Checklist: Is your application complete?

- Completed LEND Fellowship Application Form** (3 pages)
- Personal Statement**
- Your signature and appropriate waiver box checked on page 1 of the Professional Reference Form**
- Two Professional Reference Forms should have been completed and mailed by two professional references**
- Curriculum vitae**
- College and graduate school transcripts**
- Suffolk University Application Form** (for applicants interested in obtaining the Master of Health Administration degree; the Suffolk University Application Form is located at the end of the Suffolk University Graduate Prospectus)
- Signed Suffolk University Application Gift Certificate Form** (for applicants interested in obtaining the Master of Health Administration degree)

Mail to: **LEND Fellowship Program**
 Attn: Dr. Kathleen Braden
 E.K. Shriver Center
 200 Trapelo Road
 Waltham, MA 02452