



INSTITUTE FOR COMMUNITY INCLUSION  
LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES (LEND)

## APPLICATION FORM FOR FELLOWSHIP

**CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address (home): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (work): \_\_\_\_\_

Professional discipline: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**ACADEMIC BACKGROUND (include current program):**

College/University	Dates	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have academic field, work or other experiences in the field of developmental disabilities or a related area that influences your practice in this area? If so, please list and describe them briefly.

**Inquires can be made to:**  
Dr. Jason Fogler at 857-218-3745

**With this application, please submit:**

1. A curriculum vita
2. A brief letter of interest
3. Three references

**Please submit completed applications to:**  
jason.fogler@childrens.harvard.edu

**OR mail to:**

Dr Jason Fogler, LEND Program  
Boston Children's Hospital  
MailStop 3217  
300 Longwood Avenue  
Boston, MA 02115