



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

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.

With this application, please submit:

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

Please send above information to:

David Helm, Ph.D.
Institute for Community Inclusion/LEND Project
Children's Hospital
300 Longwood Avenue
Boston, MA 02115