

**TIPS for Kids Trainee Application**

**Training in Interdisciplinary Partnerships & Services for Kids**

**Funded by U.S. Department of Health & Human Services**

**Bureau of Maternal and Child Health**

**Department of Health Resources and Services Administration**

**Check the discipline in which application is being made:**

Physical Therapy

Speech Language Pathology

Occupational Therapy

Self-Advocacy

Social Work

Family Advocacy

Psychology

Applied Behavioral Analysis

Special Education

**Degree Program (check one):**

Post-Doctoral

Clinical Doctoral

PhD

MA/MS/MSW

Other (specify): Click or tap here to enter text.

**PERSONAL DATA**

**Name in full (as it appears on Driver’s License):** Click or tap here to enter text.

**MU Student ID #:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Present Address:** Click or tap here to enter text.

**Student E-Mail Address:** Click or tap here to enter text.

**Alternate Email Address:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text.

**Parent’s Name & Address or Alternative Contact (for emergencies):** Click or tap here to enter text.

**Parent’s Home Phone or Alternative Contact Phone & Email Address:** Click or tap here to enter text.

**Is Missouri your state of legal residence?** YesNo (If no, give state of legal residence:Click or tap here to enter text.)

**Are you a U. S. Citizen?** YesNo

**PROFESSIONAL DATA**

**List any current degrees obtained to date:**

**Year** Click or tap here to enter text. **Institution** Click or tap here to enter text. **Degree Obtained** Click or tap here to enter text.

**Year** Click or tap here to enter text. **Institution** Click or tap here to enter text. **Degree Obtained** Click or tap here to enter text.

**Other institutions of higher education attended:** Click or tap here to enter text.

**Overall grade point average:**

* Undergraduate: Click or tap here to enter text.
* Graduate: Click or tap here to enter text.

**If you are currently employed, give the employer and the name, title, address, and phone number of your immediate supervisor:**

Click or tap here to enter text.

**Give a brief description of your present work duties:**

Click or tap here to enter text.

**Please list course work you have had that focused on developmental disabilities:**

Click or tap here to enter text.

**Please list clinical or personal experiences you have had involving children with autism and/or other neurodevelopmental disabilities. Give the setting and type of responsibility:**

Click or tap here to enter text.

**List any professional research experience (conference attendance, poster presentation, research lab, publications, etc.):**

Click or tap here to enter text.

**Have you confirmed with your advisor/department that you are available all day every Friday of the fall and spring semesters?**

YesNo

**Are you aware that, given the demands of our program, that TIPS trainees must have a reasonable course load and no more than a 0.25 FTE assistantship while in the program?**

YesNo

**With your application, please submit the following:**

Unofficial transcripts (undergraduate and graduate)

2 letters of reference

* At least one letter must be from your discipline

Letter of intent

* Include your professional goals/career objectives
* Include research interests
* Ensure that your letter exemplifies your writing quality

Photo headshot (headshot is not used in the application process and is separated from application paperwork)

**Signature of Applicant (upload electronic signature or type full name):**

**** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Please email the completed application (including transcripts, letters of reference, and letter of intent) to: benignoj@health.missouri.edu**

**TIPS Information Meeting**

Friday, March 25th, Noon to 1 PM via Zoom

<https://umsystemprotected.zoom.us/j/93297209039>