2016 Application

You can apply for the Wisconsin Family Leadership Institute (WiFLI) on line at http://go.wisc.edu/hut55a or send a paper application to the address at the bottom of this document. Your application will be reviewed and we will be in contact with you within five days of receipt of your application. Applications are due by May 15th

Date: ____________________

Personal Information

Name(s): ________________________________________________________________

Address: __________________________________________________________________

City: ___________________________ Zip: ______________ County ________________

Home Phone: _________________________ Cell Phone (s): __________________________

Work Phone(s): _________________________ E-mail(s): _____________________________

I am a family member of a child or young adult with disabilities and/or special health care needs. Y___ N___

Age/s of children or young adults with disabilities or special health care needs________________

Organizational Affiliation (if any) ______________________________________________________

How did you hear about WiFLI? (Circle all that apply)

☐ List serv  ☐ Service provider  ☐ Other
☐ Mailing  ☐ Facebook
☐ County agency  ☐ Another family

My Interest and Experience

1. Why are you interested in WiFLI? What would you want to get out of your WiFLI participation?

(Continue)
2. What do you hope this experience will prepare you to do next?

3. Please describe your specific experience, background, knowledge, skills, abilities, or any other factors that you feel makes you ready to take the next step in your personal leadership development.

4. All participants design and implement a leadership project that is important to their community. What issues might you like to work on?

**Logistics**

5. Can you currently commit to attending all five sessions? Y___ N___ If not why?

6. Meals and lodging are included in the scholarship. Do you need additional support to participate such as reimbursement for transportation or childcare? If yes, please describe your needs.

7. Materials for each session will be posted on the internet. Do you have access to a computer and internet? Y___ N___
Please initial:
____ I understand that in being chosen to participate in WiFLI, I am committing to actively participate in all institute activities including a community project between sessions.

___ I understand WiFLI is based on values and principles of practice that support community inclusion and individual and family-centered practices.

Return application to:
Liz Hecht
Waisman Center UCEDD
1500 Highland Ave.
Madison, WI 53705-2280
hecht@waisman.wisc.edu

If you have questions, please call or email Sonja Oetzel at (608)263-8955, soetzel@wisc.edu or Liz Hecht at (608)263-7148.