



# TIPS for Kids

(Training in Interdisciplinary Partnerships & Services for Kids)  
Application for Masters, Doctoral, and Post-Doctoral Training Grant  
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:

Degree Program (check one)

- Physical Therapy (DPT)
- Occupational Therapy (MOT)
- Social Work (MSW)
- Psychology
- Special Education

- Speech-Language Pathology (MS)
- Health Management & Informatics
- Nursing
- Developmental Pediatrics
- Family/Parent

- Post-Doctoral
- MA
- MS
- PhD
- Other (specify) \_\_\_\_\_

## PERSONAL DATA

Name in full:  
(as it appears on Driver's License)

Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

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

Parent's Name & Address  
Or Alternative Contact: \_\_\_\_\_  
\_\_\_\_\_

Parent's Home Phone or  
Alternative Contact Phone: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

Alternate email: \_\_\_\_\_

Is Missouri your state of legal residence?  Yes  No (If no, give state of legal residence) \_\_\_\_\_

Are you a U. S. Citizen?  Yes  No

Sex:  Male  Female

- Race:
- 1.  White
  - 2.  Black
  - 3.  Spanish/Hispanic
  - 4.  Native American/  
Alaskan Native
  - 5.  Asian/Pacific Islander
  - 6.  Eskimo
  - 7.  Aleutian
  - 8.  Two or more races

## PROFESSIONAL DATA

1. List any current degrees obtained to date:

Year \_\_\_\_\_ Institution \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Year \_\_\_\_\_ Institution \_\_\_\_\_ Degree Obtained \_\_\_\_\_

2. Other institutions of higher education attended:

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3. Overall grade point average

Undergrad \_\_\_\_\_

Graduate \_\_\_\_\_

4. If you are now employed, give the name, title, address, and phone number of your immediate supervisor:

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5. Give a brief and precise description of your present work duties:

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

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7. 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:

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8. List any publications that bear your name:

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9. Please request two (2) letters of recommendation concerning your ability to do graduate study. One of these letters of recommendation should be from someone outside your discipline (except for PT where both letters should from outside your discipline).

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Name	Position	Address
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Name	Position	Address
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10. Provide the information requested below concerning any graduate entrance exams taken if required by your field of study. Particularly the GRE if required for your program.

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<u>Name of Test</u>	<u>Scores</u>	<u>Date Administered</u>
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11. Please provide a copy of your transcripts (unofficial copies will suffice).

12. Delineate your professional goals including career objectives, research interests and other pertinent information, as it relates to autism and/or other neurodevelopmental disabilities. (NOTE: Because the Admissions Committee may consider this section to be a sample of the quality of your written expression skills, please formulate your response accordingly. Your response should be typed in narrative form, on a separate sheet of paper.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed application with transcripts and letters of reference via:

Mail to: Amy Menefee  
University of Missouri Health Care  
Department of PM&R, DC046.00  
One Hospital Drive  
Columbia, MO 65212

Hand Delivery: Amy Menefee  
Rusk Rehabilitation Center

315 Business Loop 70 West, Room 1237  
Columbia, MO 65203  
(573) 882-0757

E-mail: [menefee@health.missouri.edu](mailto:menefee@health.missouri.edu)