



**Disability Public Policy Fellowship  
Application  
(Please Print)**

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

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

Contact Information: E-mail: \_\_\_\_\_

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

Connection to Developmental Disabilities: \_\_\_\_\_

\_\_\_\_\_

Specific subject areas of interest (ex. inclusion, education, advocacy,  
civil rights): \_\_\_\_\_

\_\_\_\_\_

Describe any policy or legislative experience: \_\_\_\_\_

\_\_\_\_\_

Describe your history of participation in the disability movement: \_\_\_\_\_

\_\_\_\_\_

**Please include several paragraphs telling us about yourself, your interests and skills and availability to participate in this policy fellowship. Include which months or quarters of the 2016 or 2017 year(s) you propose to participate.**

**Please include one letter of reference or support.**

**Timeline Applications Due 5 pm October 24, 2016**

**Interviews: October – November 2016**

**Start Date: To Be Determined**

**Please return completed application to Ed Holen, [ed.holen@ddc.wa.gov](mailto:ed.holen@ddc.wa.gov)**