**2014 Missouri Youth Leadership Forum Application**

July 20-23, 2014

Applications have to be postmarked by April 1, 2014. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**.

Name: (First) Click here to enter text.(M.I.) Click here to enter text. (Last) Click here to enter text.

Gender: Choose an item. Date of Birth Click here to enter a date. T-Shirt Size Choose an item.

Mailing Address Click here to enter text.

City Click here to enter text. Zip Click here to enter text.County Click here to enter text.

Phone Click here to enter text. Email Click here to enter text.

Current Grade Choose an item. Expected Graduation Date Click here to enter text.

High School Click here to enter text. School Phone Click here to enter text.

How did you learn about the Forum? Choose an item.

Other, please explain Click here to enter text.

This information will assist in assuring that we include delegates with diversity of disabilities.

Please check **all** that apply: [ ]  DEAF [ ]  HARD OF HEARING

 [ ]  I use sign language [ ]  I use real time captioning [ ]  I use lip reading

[ ]  BLIND [ ]  VISUAL DISABILITY [ ]  I read Braille [ ]  I read large print

[ ]  ORTHOPEDIC DISABILITY [ ]  I use a manual wheel chair [ ]  I use a power chair

[ ]  DEVELOPMENTAL DISABILITY: [ ]  Autism [ ]  Cerebral Palsy [ ]  Epilepsy

[ ]  Traumatic Brain Injury [ ]  Other

[ ]  MENTAL HEALTH DISABILITY [ ]  NEURO/MUSCULAR DISABILITY

[ ]  LEARNING DISABILITY [ ]  OTHER DISABILITY/ describe: Click here to enter text.

Please list all accommodations needed to participate in the Forum (interpreter, personal care attendant, special diet, etc.) Click here to enter text.

**Short answer and Essay:**

**Complete the following questions. If you are using a scribe to complete this portion of the application, please make sure responses are written reflecting your voice. If you have questions or need assistance with completing this application please contact Dawn at 800-877-8249 or dawn.evans@oa.mo.gov.**

1. **What organizations or activities are you involved in with your school and/or community?** This may include any offices you held, club memberships, after school activities, work experience, church activities, community volunteer, etc.

Click here to enter text.

1. **List 3 goals that you have for your future**.

Click here to enter text.

1. **List 3 leadership strengths that you possess?**

Click here to enter text.

1. **Essay: Please complete an essay with (maximum of 500 words) by answering the 3 questions below:**
2. Explain why you would like to attend the Missouri Youth Leadership Forum and why you believe you have leadership potential.
3. Describe an important experience you have had as a youth with a disability. (Please give specific examples as they relate to your disability)
4. As a future leader, how do you see yourself making a difference in your community?

Click here to enter text.

**5. Letters of Recommendation**

 **(Forms are online at** [**http://disability.mo.gov/gcd/ylf.htm**](http://disability.mo.gov/gcd/ylf.htm)**):**

Please give one **reference form** to your high school principal, counselor, or a teacher. Give the other reference forms to any adult who knows you well, other than a parent or relative, for example, scout leader, employer, coach, community leader, etc. At least one reference must be from outside the school.

1. Name of School Reference Click here to enter text. Phone Click here to enter text.

2. Name of Reference Click here to enter text. Phone Click here to enter text.

3. Name of Reference Click here to enter text. Phone Click here to enter text.

**6. Attach a Resume: A sample resume is available at** <http://disability.mo.gov/gcd/pdf/sample_resume.pdf>

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

**Before submitting please verify:**

* **Application is completed.**
* **Essay addresses all three questions written in paragraph form.**
* **3 Reference forms have been given to be completed and submitted. You may want to follow up.**
* **Resume is attached**
* **Send all documents to the Governor’s Council on Disability.**
* **Must be submitted online or postmarked by April 1, 2014.**

**Application, resume, and references may be submitted online. If unable to submit online you may email, fax, or mail your documents to:**

Governor’s Council on Disability

Missouri Youth Leadership Forum

PO Box 1668

Jefferson City, MO 65102

gcd@oa.mo.gov

<http://disability.mo.gov>

Phone: 800-877-8249

Fax: 573/526-4109