**13th Annual Missouri Youth Leadership Forum**

**Application**

July 26 – 30, 2015

Applications have to be postmarked by March 1, 2015. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**.

Name: (First)       (M.I.)       (Last)

Gender: [ ]  Male [ ]  Female Birth Date       Race (optional)       T-Shirt Size       Email Address

Mailing Address

City       Zip       County

Phone

Current Grade       Expected Graduation Date

High School       School Phone

How did you learn about the Forum?

Other, please explain

Please check the ones that apply:

Current Vocational Rehabilitation (VR) or Rehabilitation Services for the Blind (RSB) client?

 [ ]  Yes [ ]  No [ ]  Don’t Know

Current  DMH  Regional Office client?  [ ]  Yes [ ]  No [ ]  Don’t Know

Please check if you participate at your local center for Independent Living (CIL).

 [ ]  Yes [ ]   No [ ]  Don’t Know

 Name of CIL (e.g.  Paraquad, The Whole Person, L.I.F.E.,  SIL….)

Please describe your disability – (This will assist in assuring that we include delegates (students) with diverse disabilities)

Primary Disability (medical diagnosis):       Onset of Disability (age):

Please check all that apply:

|  |  |
| --- | --- |
| Deaf / Hard of Hearing:[ ]  I use sign language [ ]  I use assistive listening devices[ ]  I use real time captioning[ ]  I use lip reading[ ]  I need interpreter services[ ]  I use note takersBlind / Visually Impaired:[ ]  I read with Braille[ ]  I read with large print[ ]  I need assistance with mobility[ ]  I prefer electronic formatMobility Disability (e.g. spinal cord injury, muscular dystrophy, other):[ ]  I use a wheelchair / scooter[ ]  I cannot walk upstairs[ ]  I use a walker, cane, or crutches[ ]  I cannot walk long distancesImmune Disability:[ ]  Crohn’s Disease[ ]  Rheumatoid Arthritis[ ]  Sickle Cell Anemia[ ]  Other  | [ ]  Autism[ ]  Asperger’s syndrome[ ]  Traumatic Brain Injury[ ]  Down Syndrome[ ]  Intellectual Disability[ ]  Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other)[ ]  Neuro/Muscular Disability[ ]  Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other…)[ ]  Reading [ ]  Math [ ]  Written[ ]  Multiple Disabilities[ ]  Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)[ ]  Chemical / Environmental Sensitivity[ ]  Other (describe) |

Please list any other accommodations needed to participate in the Forum (personal care attendant, special diet, etc.)

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

**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       Phone

2. Name of Reference       Phone

3. Name of Reference       Phone

**6. Attach a Resume: A sample resume is available at**

<http://disability.mo.gov/gcd/files/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 March 1, 2015.**

**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: 573-751-2600

Toll-free: 800-877-8249

Fax: 573-526-4109