



Missouri Youth Leadership Forum

for Students with Disabilities

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...)



301 West High Street, Room 840 PO Box 1668 Jefferson City, MO 65102
800-877-8249 email: qcd@oa.mo.gov <http://disability.mo.gov/qcd/ylyf.htm>



The Missouri Youth Leadership Forum is hosted by the
Governor's Council on Disability and Paraquad

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:

<p>Deaf / Hard of Hearing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use sign language <input type="checkbox"/> I use assistive listening devices <input type="checkbox"/> I use real time captioning <input type="checkbox"/> I use lip reading <input type="checkbox"/> I need interpreter services <input type="checkbox"/> I use note takers <p>Blind / Visually Impaired:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I read with Braille <input type="checkbox"/> I read with large print <input type="checkbox"/> I need assistance with mobility <input type="checkbox"/> I prefer electronic format <p>Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use a wheelchair / scooter <input type="checkbox"/> I cannot walk upstairs <input type="checkbox"/> I use a walker, cane, or crutches <input type="checkbox"/> I cannot walk long distances <p>Immune Disability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crohn’s Disease <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Autism <input type="checkbox"/> Asperger’s syndrome <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other) <input type="checkbox"/> Neuro/Muscular Disability <input type="checkbox"/> Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other...) <li style="padding-left: 20px;"><input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other) <input type="checkbox"/> Chemical / Environmental Sensitivity <input type="checkbox"/> Other (describe)
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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:**

- a) Explain why you would like to attend the Missouri Youth Leadership Forum and why you believe you have leadership potential.
- b) Describe an important experience you have had as a youth with a disability. (Please give specific examples as they relate to your disability)
- c) 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/yif.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