**2015 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: M / F Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race (Optional) \_\_\_\_\_ T-Shirt Size\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the ones that apply:

How did you learn about the Forum?

🞏 school 🞏 friend 🞏 internet/email 🞏 news article 🞏 other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a Vocational Rehabilitation (VR) or Rehabilitation Services for the Blind (RSB) Client [ ]  Yes [ ]  No [ ]  Don’t Know

I am a DMH Regional Office client. [ ]  Yes [ ]  No [ ]  Don’t Know

Have you participated at your local Center for Independent Living (CIL)? [ ]  Yes [ ]  No [ ]  Don’t Know

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 takers

Blind / Visually Impaired:* I read with Braille
* I read with large print
* I need assistance with mobility
* I prefer electronic format

Mobility 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 distances

Immune 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 all accommodations needed to participate in the Forum (interpreter, 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**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Essay: Please complete an essay with (maximum of 500 words) by answering the 3 questions below (Attach Essay to your application if unable to type/submit online):**
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?

**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, essay, 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