



Missouri Youth Leadership Forum

for Students with Disabilities

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) _____ (M.I.) _____ (Last) _____

Gender: M / F Date of Birth _____ T-Shirt Size _____

Mailing Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Current Grade _____ Expected Graduation Date _____

High School _____ School Phone _____

How did you learn about the Forum?

school friend internet/email news article other _____

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: _____

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



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

Missouri Youth Leadership Forum is hosted by
Governor's Council on Disability and Services for Independent Living.



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 leadership 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?
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5. Letters of Recommendation

(Forms are online at <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/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