



## 2023 Missouri Youth Leadership Forum Application

July 18-22, 2023

**Applications have to be postmarked by April 15th, 2023.**

*Information on different methods to submit application are listed on the last page*

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED (Application, References, Resume, and Essay).**

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

Gender: \_\_\_\_\_ Birth Date \_\_\_\_\_ Race (Optional) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

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

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Current Grade \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

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

Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

### **Please check the ones that apply:**

How did you learn about the Forum?

School  Friend  Internet/Email/Social Media  Transition Event  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

301 West High Street, Room 620 PO Box 1668 Jefferson City, MO 65102  
Phone: 800-877-8249 email: [gcd@oa.mo.gov](mailto:gcd@oa.mo.gov) <http://disability.mo.gov/gcd/ylf.htm>

Missouri Youth Leadership Forum is hosted by the Governor's Council on Disability in partnership with MU Pre-ETS, Paraquad and Vocational Rehabilitation

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:

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

**Please check any accommodations that you would need to attend MO-YLF:**

- Sign Language Interpreter    Real Time Captioning  
 Assistive Listening Devices    Wheelchair Accessible Room  
 Shower Chair / Bench    Roll-In Shower    Braille Materials  
 Large Print Materials – Font Size: \_\_\_\_\_    Personal Care Attendant (PCA)  
 Meal Accommodations – Please Specify: \_\_\_\_\_  
 Other – Please Specify:

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## Short answer

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 Rachel at 573-526-4564 or rachel.rackers@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.

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

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

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4. **Please list your future top 3 Career or Job Interest(s) (with 1 being your top choice):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## References

Please list three references that we may contact by phone. One reference must be a high school principal, counselor, or a teacher. The other references may be 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 (School) _____ | Phone _____ |
| 2. Name _____          | Phone _____ |
| 3. Name _____          | Phone _____ |

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

- a) Explain why you would like to attend the Missouri Youth Leadership Forum and how you have demonstrated leadership potential.
- b) Describe how you have handled barriers at school and/or in your personal life. (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?

**Attach a Resume:** A sample resume is available at [http://disability.mo.gov/gcd/files/sample\\_resume.pdf](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 References with good contact numbers are given
- Resume is attached
- Send/submit all documents to the Governor's Council on Disability
- Must be submitted online or postmarked April 15, 2023

**You will be contacted by phone for an interview by the end of April. Please make sure your contact information is correct and updated if necessary.**

Please submit your application, essay, and resume at the same time using one of the options listed below:

***You can mail your documents to:***

Governor's Council on Disability  
Missouri Youth Leadership Forum  
PO Box 1668  
Jefferson City, MO 65102

***You can upload your documents to:***

<https://tinyurl.com/2023MOYLF>

***You can fax your documents to:***

573-526-4109

***Have questions or need assistance submitting your application?***

***Call:*** 800-877-8249 or 573-751-2600

OR

***Email:*** [rachel.rackers@oa.mo.gov](mailto:rachel.rackers@oa.mo.gov)