**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

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**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):**

1. Explain why you would like to attend the Missouri Youth Leadership Forum and how you have demonstrated leadership potential.
2. Describe how you have handled barriers at school and/or in your personal life. (Please give specific examples as they relate to your disability)
3. 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>

**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](https://formsportal.dss.mo.gov/content/forms/af/moa/governors-council-on-disability/youth-leadership-forum.html)

***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

<http://disability.mo.gov>