



2018 Missouri Youth Leadership Forum Application

July 10 – 14, 2018

Applications have to be postmarked by February 28, 2018. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED** (Application, References, Resume, Essay).

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
Parent / Guardian Phone Parent Email

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



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/yf.htm>

Missouri Youth Leadership Forum is hosted by
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> <p><input type="checkbox"/> I use sign language</p> <p><input type="checkbox"/> I use assistive listening devices</p> <p><input type="checkbox"/> I use real time captioning</p> <p><input type="checkbox"/> I use lip reading</p> <p><input type="checkbox"/> I need interpreter services</p> <p><input type="checkbox"/> I use note takers</p> <p>Blind / Visually Impaired:</p> <p><input type="checkbox"/> I read with Braille</p> <p><input type="checkbox"/> I read with large print</p> <p><input type="checkbox"/> I need assistance with mobility</p> <p><input type="checkbox"/> I prefer electronic format</p> <p>Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other):</p> <p><input type="checkbox"/> I use a wheelchair / scooter</p> <p><input type="checkbox"/> I cannot walk upstairs</p> <p><input type="checkbox"/> I use a walker, cane, or crutches</p> <p><input type="checkbox"/> I cannot walk long distances</p> <p>Immune Disability:</p> <p><input type="checkbox"/> Crohn's Disease</p> <p><input type="checkbox"/> Rheumatoid Arthritis</p> <p><input type="checkbox"/> Sickle Cell Anemia</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Asperger's syndrome</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Down Syndrome</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other)</p> <p><input type="checkbox"/> Neuro/Muscular Disability</p> <p><input type="checkbox"/> Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other...)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written</p> <p><input type="checkbox"/> Multiple Disabilities</p> <p><input type="checkbox"/> Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)</p> <p><input type="checkbox"/> Chemical / Environmental Sensitivity</p> <p><input type="checkbox"/> Other (describe)</p>
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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 Wendy at 800-877-8249 or wendy.molitor@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. 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 |

5. **Essay: Please complete an essay (maximum of 500 words) by answering the 3 questions below (Attach Essay (Word document) to your application):**

- a) Explain why you would like to attend the Missouri Youth Leadership Forum and how you have demonstrated leadership potential.
- b) Please 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?

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 References with good contact numbers are given
- Resume is attached
- Send all documents to the Governor's Council on Disability.
- Must be submitted online or postmarked by February 28, 2018.

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

Please submit all documents together at the same time. Application, essay, and resume 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
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Jefferson City, MO 65102
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<http://disability.mo.gov>
Phone: 800-877-8249
Fax: 573-526-4109