MISSOURI YOUTH LEADERSHIP FORUM

Delegate Application

July 13-17, 2027

University of Missouri Campus

Columbia, MO

GOVERNOR'S COUNCIL ON DISABILITY

MOCIL Missouri Centers for Independent Living
IMPROVING LIVES THROUGH INDEPENDENCE

Missouri VR

Paraquad

Pre-Employment Transition Services
University of Missouri

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

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To be eligible for the Missouri YLF, a student must:

- Be between the ages of 16-21 years old.
- Enrolled in high school, OR plan to graduate in December 2026 or May 2027
- Demonstrated leadership potential and involvement in their school and community.
- Live in Missouri
- Have a disability, all types are welcome.

Instructions to Complete Application

☐ Please read all instructions and fill out the entire application. ***Incomplete applications will not be considered.***

☐ Answers may be dictated to a parent, guardian, or other scribe; however, the content must be the work of the student.

Before submitting, please verify:

☐ Application is **completed.**

☐ Essay answers all three questions written in paragraph form.

☐ 2 References with good contact numbers are given.

☐ **Must be submitted online, faxed, or postmarked by March 15,2027**

☐ Please submit your application and essay **at the same time**

Options for submitting your completed application and essay questions:

Upload to:
https://tinyurl.com/GCD-MOYLF

Fax to:
(573) 526-4109

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

Have questions or need assistance submitting your application?

Call: (800) 877-8249 or (573) 751-2600
OR
Email: gcd@oa.mo.gov

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

http://disability.mo.gov/gcd/ylf
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2027 Missouri Youth Leadership Forum
Application July 13-17, 2027

Applications have to be submitted or postmarked by March 15, 2027.

Student Information:

First: _____ M.I.: _____ Last: _____

Preferred Name: _____ Gender: _____ Pronouns: _____

Race (optional): _____ Birth date: _____ Shirt size: _____

Cell Phone Number (student): _____

Student E-Mail Address (personal acct. versus school is preferred):

_____

Home Address: _____

Mailing Address (if different than above): _____

City: _____ ZIP Code: _____ County: _____

Parent or Guardian Contact:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian E-Mail Address: _____

Parent/Legal Guardian Cell Phone Number: _____

Relationship to Student: _____

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

Disability Information

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 power wheelchair/scooter
- ☐ I use a manual 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** (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)

_____

_____

_____

Accommodation Information:

All settings at YLF will be accessible, but please check any accommodations below that are necessary for you to fully participate in YLF. Check all that apply:

☐ American Sign Language Interpreter ☐ Real-Time Captioning/CART

☐ Assistive Listening Devices ☐ Wheelchair Accessible Room

☐ Shower Chair / Bench ☐ Roll-In Shower ☐ Braille Materials

☐ Large Print Materials – Font Size: _____ ☐ Flash drive w/ electronic materials

☐ Meal Accommodations – Please Specify: _____

☐ Other – Please Specify: _____

Do you need a personal care attendant (PCA) to assist with dressing, showering, bathing, etc.? (YLF will provide PCAs to all students who require them. Parents may not serve as PCAs.) ☐ Yes ☐ No

Additional Accommodations (if necessary):

_____

[If needed, include an extra page with your application to provide any additional information]

Work Experience (Paid or Non-Paid):

List any work experience (paid or non-paid) you have had and briefly describe your duties:

_____

_____

_____

Do you currently have a job? ☐ Yes ☐ No

If yes, where do you work? _____

How many hours per week do you work? _____

What career field would you like to learn more about? _____

Interests:

Briefly describe your interests and hobbies:

_____

_____

_____

School Information:

Name of School: _____

School Phone Number: _____

Current Grade: _____ Expected Date of Graduation: _____

Please list the school classes you are currently enrolled	

School Activities:

Briefly list your involvement with your school including any offices you held, club memberships, or after-school activities. Use additional paper as necessary:

_____

_____

_____

Community and Volunteer Activities:

Please list volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years ***outside of your school*** (feel free to attach additional information):

_____

_____

_____

Awards & Recognition:

List any special awards, honors, or recognitions for academic, school, or community-related activities you have received:

_____

_____

_____

Short Answer Questions:

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. Should you have questions or need assistance with completing this application please contact the Governor's Council on Disability office at 573-751-2600 or gcd@oa.mo.gov.

1. List 3 goals that you have for your future.

_____

_____

_____

2. List 3 leadership strengths that you possess.

_____

_____

_____

Essay Questions (please attach responses with your application):

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?

References:

Please list two references that we may contact by phone. At least one reference must be from outside the school. 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.)

Please list those individuals' contact information below:

1) Name: _____ Position/Title: _____

Phone: _____ Email: _____

Relationship to applicant: _____

2) Name: _____ Position/Title: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Delegate Selection Process

1. All applications are initially reviewed for eligibility requirements.
2. All eligible applicants will be contacted by phone during the first part of April for a short, get-to-know-you conversation with a member of the MO-YLF Planning Committee. This is our opportunity to learn more about you, hear your excitement for YLF, and make sure the Forum is a great fit for you. If we are unable to reach you, we may attempt to call your school to schedule an appropriate time. **It is very important to make sure you provide the most up-to-date contact information and to follow up with us as soon as you are able if you miss a phone call from our team.**
3. After all conversations are completed, the Planning Committee members will meet to discuss applicants and make their final delegate selections.
4. All applicants will receive a letter in the mail by the end of April to notify them whether they were accepted, placed on the waiting list, or not accepted.
5. Up to thirty delegates (applicants) will be selected to attend. Alternate delegates are applicants who are placed on a waiting list to attend the MO- YLF if a selected delegate is no longer able to attend.

Those who are selected to attend MO-YLF or are placed on the waiting list will be asked to complete additional steps. Please see the information below:

- If selected or placed on the waiting list, you will receive additional forms with your letter that will need to be completed and returned. These forms will help provide additional information, including details about what reasonable accommodations are needed. They also help us to make sure we can provide all participants with the best possible experience during MO-YLF.
- You will also be asked to provide a headshot photo of yourself, which will be used for your name tag and our participant roster that staff members are provided with.
- Your packet will also include more detailed information about the forum's schedule and activities.
- Parents/guardians will also be contacted by a Vocational Rehabilitation (VR) counselor to complete a required authorization form for participation. This form is separate from those that you will receive in your acceptance/waitlist packet.

Waitlist (alternates):

- The only difference between your packet and the selected packet is you won't receive the pages that include detailed information about the Forums schedule and activities.
- If a spot opens up for you to participate in MO-YLF, you and your parents/guardians will be informed by email. We will also follow up by phone if we don't get confirmation that you've received our email. This is when you will receive additional detailed information about the Forums schedule and activities.
- We often get asked why those who have been placed on the waitlist need to complete the forms, sign the VR authorization form, and submit a photo. The reasoning behind this is that our team wants to make sure we have everything in place for you to attend if the possibility arises, even if it's a week before MO-YLF!

Should you have any questions, please contact the Governor's Council on Disability office at 573- 751-2600 or 800-877-8249 or gcd@oa.mo.gov

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