

The 17th Annual

YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES



July 13-17, 2015

On the Campus of UCA

UNIVERSITY OF CENTRAL ARKANSAS, CONWAY

High school juniors and seniors with disabilities will be selected to attend this exciting, fun and educational five-day training program

YLF includes:

- Experience living on a college campus
- Meet with top state officials in the Governor's office
- Tour the State Capitol (bring your camera)
- Meeting with community leaders who have overcome barriers
- Frank discussions about some obstacles and responsibilities you'll face in life
- Fun Activities with your peers!

You'll learn:

- How to succeed by making plans and setting achievable goals
- What you need to know about disability law and YOUR rights
- Tips on how people with disabilities function in society
- The responsibility that goes along with getting and keeping a job
- When to speak up; advocacy for people with disabilities
- How others cope; development of peer relationships
- Mainstream life skills like Time Management and Independent Living Skills
- and the BEST part of all is.....it's **FREE!!!!!!!**

The Youth Leadership Forum (YLF) will pay expenses for travel, lodging, food, interpreters and personal care attendants, as needed, for the selected delegates.

For Additional Information please Contact your local ARS office, your VR Counselor, High School Counselor, or your YLF Committee:

Darlene Owens, YLF Coordinator; (501) 296-1652 or email darlene.owens@arkansas.gov

Jeff Jackson, YLF Director; (501) 683-3582 or email jeff.jackson@arkansas.gov

Leonard Boyle, YLF Chairman; (501) 296-1637 or email leonard.boyle@arkansas.gov

Send applications to:

YLF Coordinator-Darlene Owens

Arkansas Rehabilitation Services

525 West Capitol

Little Rock, AR. 72201

800-330-0632, Fax 501-296-1687

Arkansas Youth Leadership Forum 2015 for High School 11th and 12th Grade Students with Disabilities

17th Annual Youth Leadership Forum
July 13-17, 2015

Deadline for postmark on mailed application: \$) #0) #0)

APPLICATION FORM
(For 11th and 12 Graders with a Disability -ONLY)

Complete ALL information. Please TYPE or PRINT with black ink.

Student's Last Name _____ First _____ Middle _____ Male _____ Female _____ Birth date: _____

Home Address _____ City _____ State _____ Zip _____ Home phone _____ Cell phone _____

Email Address _____ Name of Parent/Guardian _____ Cell phone _____

Name of High School _____ School Mailing Address _____ City, State & Zip _____

School Phone Number _____ Spec Ed Teacher/Counselor Name _____

Grade Level on 12/31/14 _____ Expected Graduation Date _____ Adult T-Shirt Size: S M L XL 2X 3X 4X
(Please Circle one)

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: <input type="checkbox"/> I use sign language <input type="checkbox"/> I use assistive listening devices <input type="checkbox"/> I use real time captioning <input type="checkbox"/> I use lip reading <input type="checkbox"/> I use note takers Blind/Visually impaired: <input type="checkbox"/> I read with Braille <input type="checkbox"/> I read with large print Orthopedic Disability: <input type="checkbox"/> I use a wheelchair/scooter <input type="checkbox"/> I cannot walk upstairs <input type="checkbox"/> I use walker, cane or crutches <input type="checkbox"/> I cannot walk long distances</p>	<p>Describe: If you have a Developmental Disability <input type="checkbox"/> Autism <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Mental Health Disability <input type="checkbox"/> Neuro/Muscular Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Expression <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Other (describe) _____</p>
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Race/Ethnicity: Native American _____ African-American _____ Hispanic _____
White (non-Hispanic) _____ Asian _____ Other _____

If you are currently a consumer of Arkansas Rehabilitation Services or Services for the Blind, please list your Counselor's name.

VR Counselor's Name: _____ Telephone: (____) _____

Student Signature: _____ Guardian Signature: _____ (if under 18)

Letters of Recommendation: You need two letters of recommendation. One must be from a high school representative and one must be from a community representative outside of school.

The letters should focus on your leadership skills or your leadership potential. Each letter must have an original signature and arrive **in a sealed envelope**. Please submit the two sealed envelopes containing the reference letters, along with this application.

School and Community Involvement

On a separate sheet of paper, list your involvement with your high school and community (since 9th grade). This may include club memberships, any offices you have held, after school activities and/or work experiences. Include the length of involvement, your grade level at the time of participation and the name of an adult with whom you worked.

Required Essay

Your responses to the four topics listed below will be used to assess your readiness to participate in this leadership forum. Write your responses on separate paper and attach to your completed application packet. Your response to this question should not exceed four (4) typewritten, double-spaced pages. (Responses must be double spaced and either typewritten or printed in black ink.) You may submit your responses on audio or video tape, if desired. IF you are submitting your answers on tape, Please limit it to 5 minutes.

- (a) **Qualifications-** Explain why you feel you are qualified to be a delegate to this forum, and why you want to attend.
- (b) **Positive Influences** - In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, celebrities or public officials are appropriate examples.)
- (c) **Experiences as a Person with a Disability** - Describe two important experiences you have had as a young person with a disability. (Please be specific about your examples as they relate to your disability).
- (d) **Future Plans** - Describe your plans for after high school graduation. (Please be specific about your examples.)

Use the CHECKLIST below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

Required Items	Enclosed
1. Application form (PLEASE SUBMIT AS SOON AS POSSIBLE)	
2. Two letters of recommendation (in sealed envelopes) May be mailed later	
3. Essay (response to 2 topics) (Please include with application)	
4. Community Activity Sheet (Please include with application)	

Additional Information:

- All applications are reviewed by a selection committee, and students will receive written notice in March of whether they are selected or not.
- If selected, students will need to fill out additional forms, and additional information will be provided.
- All appropriate expenses will be paid for by YLF; including travel, lodging, food, interpreters and/or personal care assistants as needed.

Thank you for completing this application. Please mail it to the address shown below. If you have any questions, please contact:

.....**Farlene Owens –YLF Coordinator**
Arkansas Rehabilitation Services
525 W. Capitol Ave.
Little Rock, AR 72201
800-330-0632 (Toll Free)