

ARKANSAS YOUTH LEADERSHIP FORUM

For high school students with
disabilities

July 25-29, 2016
UCA
Conway, AR

What's included?

- About YLF
- How to Become a Delegate
- YLF Application Form
- Reference Forms (2)

Application deadline:
April 30, 2016

Sponsored by
Arkansas Department of Career Education • Arkansas Rehabilitation Services •
Arkansas Governor's Commission on People with Disabilities •

about YLF

What is the Youth Leadership Forum (YLF)?

YLF is an innovative and intensive leadership program for high school students with disabilities throughout Arkansas. With the implementation of the Americans with Disabilities Act (ADA), youth with disabilities have more opportunities to become contributing members and leaders in society. However, many challenges remain. YLF is designed to assist students with disabilities in developing leadership skills and using resources that can help them face such challenges and become full members of society. YLF 2016 will be July 25-July 29, 2016, at UCA, in Conway, Arkansas.

Who may participate in YLF?

All high school students with disabilities who are juniors or seniors OR between the ages of 17 and 21 may apply. Those who would like to develop their leadership potential and who participate in extracurricular and community activities and demonstrate the ability to interact well with others should submit applications. Approximately 50 students will be selected as delegates on a competitive basis. There is NO COST to the delegates to attend (including food, lodging, and any needed accommodations); however, delegates are responsible for their own transportation to and from UCA in Conway, AR and will be reimbursed for travel one way to UCA and upon return from camp.

What happens at YLF?

- **Youth Delegates** with disabilities share their experiences with each other.
- **Delegates** learn about self-esteem, self-advocacy, career choice, independent living, and assistive technology.
- **Successful** adults with and without disabilities who are community leaders, legislators, and professionals share their knowledge on leadership.
- **Delegates** write a Personal Leadership Plan to help them become leaders in their communities.
- **Delegates** get involved in fun social activities such as bowling, talent show, and dance.

How to Become a Delegate

Am I eligible?

To be eligible for the Youth Leadership Forum, students must:

- have a disability
- be in the 11th or 12th grade (or between the ages of 17 and 21) as of June 30, 2016;
- have demonstrated leadership potential in school and the community; and
- live in Arkansas.

How do I apply?

1. Complete the application form and send it to the selection committee no later than April 30, 2016.

Arkansas Youth Leadership Forum
Leonard Boyle, GCPD
601 W. Capital Ave.
Little Rock, AR 72201
If faxing, send to 501-296-1883.

2. Have adults other than family members complete and return the reference forms.
3. Keep “About YLF” and “How to Become a Delegate” for your files.

NOTE: Visit www.ace.arkansas.gov to retrieve an application. This site will be updated frequently.

No notices regarding application status will be sent out via mail.

How are delegates selected?

1. All applications and references will be reviewed by the selection committee. The students who are selected for YLF will be notified by mail on or before May 30, 2016.
2. Approximately 30 delegates will be selected to attend the forum. Additional detailed information on the forum will be provided to those selected to attend.
3. After being selected, delegates will be asked to fill out a confirmation form and provide additional information to the YLF Committee. If the YLF Committee does not receive confirmation by the date indicated, the delegate will no longer be eligible to attend YLF.

How do I get more information about YLF?

Write the address above, call Leonard Boyle, GCPD, at 501-296-1637 or 1-800-330-0632 (voice) or e-mail leonard.boyle@arkansas.gov or Darlene Owens, CPDS at 501-296-1652 or darlene.owens@arkansas.gov.

YLF APPLICATION

PLEASE PRINT OR TYPE

T-SHIRT SIZE: (Adult) S M L 1X 2X 3X 4X

(Please circle on size)

STUDENT INFORMATION

Last _____ First _____ Middle _____

Nickname _____ Home telephone number (_____) _____

Sex M ___ F ___ Race _____ Birthdate ____/____/____

E-mail address _____

Cell phone number (_____) _____

Home address _____

City _____ State _____ ZIP code _____ County _____

Parent/legal guardian name (circle choice) _____

SCHOOL INFORMATION

Name of school _____

School address _____

City _____ State _____ ZIP code _____ County _____

School telephone number (_____) _____

School grade _____ Expected date of graduation _____

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SCHOOL EXPERIENCE

Other schools attended _____

List any special awards, honors, or recognitions for academic, school, or community-related activities you have received from the 7th grade through the present _____

Please list the school classes you are currently enrolled in _____

ORGANIZATIONS and ACTIVITIES

Please list school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years:

ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP, RESPONSIBILITY OR INVOLVEMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

CAREER INFORMATION

List any part-time job experience (paid or volunteer) and briefly describe your duties _____

Do you currently have a part-time job? Yes (___) No (___) How many hours per week? _____

Can you make job arrangements to attend the Youth Leadership Forum? Yes (___) No (___)

What are your plans upon exiting high school? _____

Is there a career field that you would like to learn more about? _____

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GENERAL INFORMATION

1. Using a few phrases or adjectives, describe yourself. _____

2. What three things concern you most about your future? _____

3. Which of the items listed in the fact sheet under “What happens at YLF” interests you most?

4. What would you like to learn about the item(s) listed above? _____

5. What else would you like to tell us about yourself? _____

6. Why would you like to attend YLF? _____

ADDITIONAL INFORMATION

In your own words, please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities. _____

ONSET OF YOUR DISABILITY (date) ____/____/____

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> AUTISM | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> BLINDNESS | <input type="checkbox"/> MENTAL HEALTH DISABILITY |
| <input type="checkbox"/> Visual disability | <input type="checkbox"/> MULTIPLE DISABILITIES |
| <input type="checkbox"/> I read Braille | <input type="checkbox"/> NEURO/MUSCULAR DISABILITY |
| <input type="checkbox"/> I read with large print | <input type="checkbox"/> ORTHOPEDIC DISABILITY |
| <input type="checkbox"/> I need assistance with mobility | <input type="checkbox"/> I use a wheelchair |
| <input type="checkbox"/> DEAFNESS | <input type="checkbox"/> I cannot walk long distances |
| <input type="checkbox"/> HARD OF HEARING | <input type="checkbox"/> I cannot walk up stairs |
| <input type="checkbox"/> I use sign language | <input type="checkbox"/> TRAUMATIC BRAIN INJURY |
| <input type="checkbox"/> I use real-time captioning | <input type="checkbox"/> OTHER DISABILITY _____ |
| <input type="checkbox"/> I use lip reading | <input type="checkbox"/> Describe _____ |
| <input type="checkbox"/> I need interpreter services | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> DEVELOPMENTAL DISABILITY | |
| <input type="checkbox"/> Describe _____ | |

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DELEGATE SURVEY

Please complete the YLF survey and answer all questions. If needed, you may use a separate piece of paper and attach to your completed application.

1. What do you consider to be your primary talents or strengths? _____

2. Comment on your relationships with your peers. _____

YLF SCALE	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	POOR	UNSURE
ABILITY TO WORK WITH OTHERS						
CHARACTER						
CONCERN FOR OTHERS						
CREATIVITY						
INITIATIVE (Willingness to complete tasks without being asked)						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

Cut on Dotted Line

3. Do you have any additional information you would like to share with the review committee?

1. Are you a consumer of the Arkansas Career Education Services? Yes (___) No (___) Vocational Rehabilitation Service? Yes (_____) No (___) Name of counselor _____
2. List the name(s) of your local newspaper(s) (hometown and other): _____

3. Name of state senator _____ District number _____
4. Name of state representative _____ District number _____
5. Did anyone assist you in completing this application? Yes (___) No (___) Please specify who: _____

ATTENDANCE

One hundred percent attendance is expected of each participant. To make sure you do not have unavoidable conflicts, please compare your schedule with the program deadline dates on the “How to Become a Delegate” page before completing your application.

If selected, do you make a commitment to attend the entire forum? Yes (___) No (___)

Signature of student

Date

Signature of parent

Date

REFERENCES

Two references are required. One reference must be from a person in your high school (a teacher, counselor, advisor, or the principal at your current school) and the second reference must be from an individual in your community (any adult who knows you well, other than a parent or relative — example: scout leader, church leader, service provider, other community leader, etc.). Please list the two references below. The two reference forms found on this application should be completed and returned by the adults making the references. If the two reference forms are not received by the date indicated, your application will be considered incomplete and will not be presented to the selection committee. Letters of reference are accepted but are not required. **It is the responsibility of the applicant to follow up on the status of his or her application and to make sure all references have been received.** **Please call 1-800-330-0632 to check the status of your application.**

YLF REFERENCE FORM #1

TO THE APPLICANT Please TYPE or PRINT

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ ZIP code _____

Telephone number (____) _____ County _____

The reference form should be returned by the person completing the form, not the applicant. The comments will be used for Arkansas Youth Leadership Forum selection purposes only.

Permission: I hereby request that you complete and furnish this reference information to the Youth Leadership Forum.

Student or parent signature _____

TO THE REFERENCE Please TYPE or PRINT

The person named above is an applicant for the Arkansas Youth Leadership Forum. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

**Please return this form by April 30, 2016 to the Youth Leadership Forum/Leonard Boyle
601 W. Capitol Ave. Little Rock, AR 72201.**

Name of reference _____ Telephone number (____) _____

Position/title _____

School/firm/organization _____

Mailing address _____

City _____ State _____ ZIP code _____

1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths? _____

3. Comment on the applicant's relationships with his or her peers. _____

YLF SCALE	OUTSTANDING EXCELLENT GOOD AVERAGE POOR UNABLE TO JUDGE					
ABILITY TO WORK WITH OTHERS						
CHARACTER						
CONCERN FOR OTHERS						
CREATIVITY						
INITIATIVE (Willingness to complete tasks without being asked)						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

4. Please comment generally on the applicant's ability to communicate with others, behavior in a group setting (participant or observer?), interest in community affairs, and potential for becoming a community leader. Attach an additional sheet, if necessary.

Signature of Reference

Date

Cut on Dotted Line

YLF REFERENCE FORM #2

TO THE APPLICANT Please TYPE or PRINT

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ ZIP code _____

Telephone number (____) _____ County _____

The reference form should be returned by the person completing the form, not the applicant. The comments will be used for Youth Leadership Forum selection purposes only.

Permission: I hereby request that you complete and furnish this reference information to the Youth Leadership Forum.

Student or parent signature _____

TO THE REFERENCE Please TYPE or PRINT

The person named above is an applicant for the Arkansas Youth Leadership Forum. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

**Please return this form by April 30, 2016 to the Youth Leadership Forum/Leonard Boyle
601 W. Capitol Ave. Little Rock, AR 72201.**

Name of reference _____ Telephone number (____) _____

Position/title _____

School/firm/organization _____

Mailing address _____

City _____ State _____ ZIP code _____

1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths? _____

3. Comment on the applicant's relationships with his or her peers. _____

YLF SCALE						
	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
ABILITY TO WORK WITH OTHERS						
CHARACTER CONCERN						
FOR OTHERS						
CREATIVITY						
INITIATIVE						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

4. Please comment generally on the applicant's ability to communicate with others, behavior in a group setting (participant or observer?), interest in community affairs, and potential for becoming a community leader. Attach an additional sheet, if necessary.

Signature of Reference

Date

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