2014

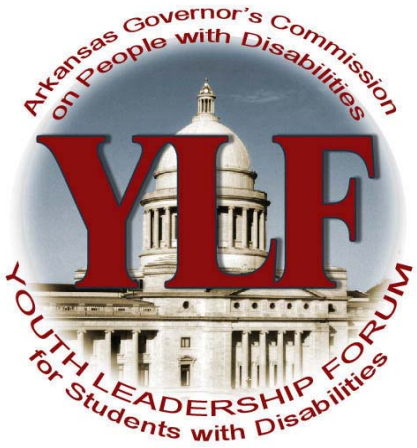
Arkansas Department of Career Education's Rehabilitation Services Division

&

THE GOVERNOR'S COMMISSION ON PEOPLE WITH DISABILITIES

The 16th Annual

YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES



Application Form

July 14-18,2014

On the Campus of

UNIVERSITY OF CENTRAL ARKANSAS, CONWAY

Two dozen high school aged seniors with disabilities will be selected to attend this exciting, fun and educational five-day training program

YLF 2014 includes:

- A trip to Little Rock to:
  - meet with top state officials in the Governor's office
  - tour the State Capitol (bring your camera)
- meeting with community leaders who have overcome disabilities
- frank discussions about some obstacles and responsibilities you'll face in life

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 the disabled
- 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.

Questions? Contact your local ARS office, your ARS or school counselor, or

Leonard Boyle, YLF Chairman
Arkansas Rehabilitation Services
525 West Capitol
Little Rock, AR. 72201
800-330-0632, Fax 501-686-9418

E-Mail questions to: leonard.boyle@arkansas.gov

Arkansas Youth Leadership Forum 2014

APPLICATION FORM

Complete ALL information. Please **TYPE or PRINT** with black ink. Please see Pages 7-8 for submission deadlines, address and additional important information.

1. _____ 2. Male ___ Female___
Student's Last Name First Middle Initial

3. _____
Parent/Guardian Last Name First Middle

4._____
Residence Address City State Zip

5. _____
Mailing Address-- if different than above City State ZIP

6. Grade Level as of 12/31/2013 _____

7. _____ _____
(Area Code) Home Telephone Number Emergency/other number Parent's cell

8. _____
Name of High School or location of GED program

9._____
School Mailing Address City State ZIP

10 _____
School Telephone Number

11. _____
High School Guidance Counselor's Name

12. Birth date: _____ Date Graduation Expected: _____

Do you have a computer? _____ We're going to pass out a lot of info…would you prefer

it on a CD or a Flash drive? _____.

13. Physical attributes: 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 use note takers **Blind/Visually impaired:** [ ] I read with Braille [ ] I read with large print **Orthopedic Disability:** [ ] I use a wheelchair/scooter [ ] I cannot walk upstairs [ ] I use walker, cane or crutches [ ] I cannot walk long distances	**Describe: If you have a Developmental Disability** _____ _____ _____ _____ _____ [ ] Autism [ ] Traumatic Brain Injury [ ] Other _____ [ ] Mental Health Disability [ ] Neuro/Muscular Disability [ ] Learning Disability [ ] Multiple Disabilities [ ] Other (describe) _____ _____ _____ _____

14). In your own words, describe your disability. **(This helps us to assure diversity)**

_____
_____
_____
_____
_____
_____
_____
_____
_____

15. Race/Ethnicity: Native American _____ African-American _____ _ Hispanic _____

White (non-Hispanic) _____ Asian_____Other_____

16. The following information is for Arkansas Rehabilitation Services (ARS), or Arkansas Department of Human Services (DHS) clients only

16. If you are currently a client of ARS or DHS: Yes _____ No _____

ARS/DHS Counselor's information:

Counselor's Name: _____ Office Location: _____

Telephone: (_____) _____

17. _____ _____
State Senator's Name **District Number**

18. _____ _____
State Representative's Name **District Number**

19. <u>Letters of Recommendation:</u> You need two letters of recommendation. One <u>must</u> be from a high school representative and one <u>must be</u> 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 **<u>in a sealed envelope.</u>** Please submit the two sealed envelopes containing the reference letters, along with this application.

List name, position/title, organization & telephone number of each reference.

1)

_____ _____
Name Title

_____ _____
Organization (Area Code) Telephone Number

2)

_____ _____
Name Title

_____ _____
Organization (Area Code) Telephone Number

20. <u>School and Community Involvement</u>

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.

21. <u>Required Essay</u>

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**-Tell us about one of the greatest lessons having a disability has taught you.

(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 goals for the future.

22. 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	
2. Two letters of recommendation (in sealed envelopes)	
3. Essay (response to ALL four topics)	
4. Community Activity Sheet	

_____ _____

Signature of Student **Date**

If selected, my child has permission to participate in the Youth Leadership Forum for Students with Disabilities.

_____ _____

Signature of Parent/Guardian **Date**

DEADLINE is: May 1, 2014

Instructions: KEEP THIS PAGE, DO NOT MAIL WITH APPLICATION

Please mail it to:

Youth Leadership Forum--2014
Attention: Leonard Boyle
Arkansas Rehabilitation Services
525 West Capitol
Little Rock, AR 72201

HOW STUDENT DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS FOR STUDENTS

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

a. Be an Arkansas resident who has a disability (as defined by the Americans with Disabilities Act);

1. Be in the 11th or 12th grade as of December 31, 2013 (Some age/grade exceptions may be made on a case by case basis);

b. Have demonstrated leadership potential in school and the community

2. Student applicants must mail the completed application packet to the address provided – **as soon as possible and it must arrive NO later than May 1, 2014.**

3. Semi-finalists will be selected and may be contacted by telephone to arrange a personal interview. The interview will be conducted by a panel coordinated by the Governor's Commission on People with Disabilities and YLF Staff.

4. All applicants will be notified by letter if they are selected to attend the forum. No more than 20-25 students will be selected to attend, July 14-18, 2014.

5. After being selected, students will be asked to fill out a confirmation form and provide additional information.

6. All appropriate expenses will be paid by the Youth Leadership Forum management. These include such expenses as: travel, lodging, food, interpreters for deaf students and personal care attendants for physically disabled students.

GENERAL INFORMATION FOR APPLICANTS:

Rules and Guidelines for Students Delegates of the Youth Leadership Forum

In order to provide a fun, safe, learning experience at the leadership forum, all delegates will be expected to follow the rules listed below. Students are selected to attend this forum because of their leadership skills and potential. Consequently, students are expected to demonstrate their leadership ability, and must:

1. Be punctual.

2. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.

3. Maintain a respectful attitude toward peers, counselors and conference staff.

4. Respect the facilities (maintaining the condition of dormitory rooms and all other areas). Participants will have to pay for property damage they cause and for lost room keys.

5. When not in assigned groups, males and females are restricted to their own assigned rooms at all times. **No** co-ed visitation is allowed in assigned rooms.

6. Smoking and possession or use of illegal chemicals or alcohol are strictly prohibited. (Prescription or other approved medications require verification and can only be dispensed under conditions set forth by YLF staff.)

7. All other campus residence halls and facilities are off limits.

Any violations of these rules will result in students being sent home immediately at parents'/guardians' expense. Your application to the Youth Leadership Forum indicates your acceptance of these rules and guidelines

AND… more importantly, we emphasize that delegates are chosen to attend the forum because of their leadership potential. Remember the responsibility that goes with the honor of being selected and plan to have a great time!