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 disabilities
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: 03/31/15

APPLICATION FORM

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

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

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

_____ _____
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

Deaf/Hard of hearing:	**Describe: If you have a Developmental Disability**
☐ I use sign language	
☐ I use assistive listening devices	☐ Autism
☐ I use real time captioning	☐ Traumatic Brain Injury
☐ I use lip reading	☐ ADD/ADHD
☐ I use note takers	☐ Mental Health Disability
Blind/Visually impaired:	☐ Neuro/Muscular Disability
☐ I read with Braille	☐ Learning Disability
☐ I read with large print	☐ Reading ☐ Math ☐ Written Expression
Orthopedic Disability:	☐ Asperger's Syndrome
☐ I use a wheelchair/scooter	☐ Emotional Disturbance
☐ I cannot walk upstairs	☐ Multiple Disabilities
☐ I use walker, cane or crutches	☐ Other (describe) _____
☐ I cannot walk long distances	

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 Mach 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 by December 1, 2014. If you have any questions, please contact:

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