

**Idaho Youth Leadership Forum (YLF)**  
**July 8<sup>th</sup> – 13<sup>th</sup>, 2018**  
**Boise State University**  
**Application Form**

YLF is an exciting, fun, and educational training program, which includes meeting Idaho lawmakers, community leaders, and job mentors working in students' careers of choice. We invite future community leaders to attend the Idaho Youth Leadership Forum for Students with Disabilities.

**APPLICATION FORMS MUST BE POSTMARKED BY April 15, 2018**

**If you need help filling out this application, please contact your local Center for Independent Living (CIL). Your local CIL can be found at <https://silc.idaho.gov/idaho-centers-for-independent-living/>**

- Delegates must complete all information in this application.
- Please type or print with black ink.
- No expense to selected delegates (**all expenses paid**).

**To be eligible for the Youth Leadership Forum, you must:**

- Have a disability (as defined by the ADA);
- Live in Idaho;
- Be enrolled in the 11<sup>th</sup> or 12<sup>th</sup> grade, or as of June 1, 2018 be between the ages of 16 and 21 and in a transition program;

- Not be a past Youth Leadership Forum delegate;
- Demonstrate current leadership potential in your school and the community.

Semifinalists will be selected and contacted by telephone to set up a personal interview. Interviews will be held in April 2018.

All applicants will get a letter telling them whether or not they have been chosen to attend the forum. (Letters will be mailed by May 15, 2018.) Up to 25 students will be chosen to attend.

If you have any questions, please contact Jami Davis at the Idaho State Independent Living Council at 208-334-3800 (local) 1-800-487-4866 (toll free) or [jami.davis@silc.idaho.gov](mailto:jami.davis@silc.idaho.gov)

## Youth Information

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**Last Name**

**First**

**Middle**

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**Address**

**City**

**Zip**

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**Phone**

**Email**

**Birth Date**

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**Race/Ethnicity**

**Name of High  
School**

**Grade Level  
on  
06/01/18**

**Parent(s)/Guardian name:** \_\_\_\_\_

**Parent(s)/Guardian Email address:** \_\_\_\_\_

**Parent(s)/Guardian Phone number:** \_\_\_\_\_

**Please describe your disability.** This information will assist in assuring that we include delegates with a diversity of disabilities.

**Disability (medical diagnosis):**

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**Check any accommodations you may need:**

<b>I use sign language (ASL).</b>		<b>I use a wheelchair.</b>		<b>I need help with personal care.</b>	
<b>I need help reading.</b>		<b>I read with large print.</b>		<b>I need help transferring in and out of my wheelchair.</b>	
<b>I need help writing.</b>		<b>I read with Braille.</b>		<b>I cannot walk long distances.</b>	

**Other:** \_\_\_\_\_

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Please tell us about your accommodation needs for the interview process. We will provide reasonable accommodations and supports needed at no cost to the delegate.

**Please list your career interest and/or two jobs you would like to have in the future.** Be specific. You will have a chance to meet someone who is already doing one of these jobs at the YLF Mentors' Luncheon.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

### **Information on Vocational Rehabilitation**

If you are currently a client of Vocational Rehabilitation, please tell us your:

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

## School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

1) \_\_\_\_\_

Name of Activity	Dates (From When to When)
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Adult Contact

2) \_\_\_\_\_

Name of Activity	Dates (From When to When)
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Adult Contact

3) \_\_\_\_\_

Name of Activity	Dates (From When to When)
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Adult Contact

## **Letters of recommendation**

Please attach two letters of recommendation that describe your demonstrated leadership skills or your leadership potential. One letter **MUST** be from someone other than a family member, and one letter **MUST** be from a community representative.

List name, position/title, organization and telephone number of your references.

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## **Request for Letter of Recommendation**

(Give this page to your reference.)

Student's name:

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Thank you for agreeing to write a recommendation for this student to attend the Idaho Youth Leadership Forum 2018. Please include the information requested below, and give your letter to the student in a **sealed envelope** to protect the confidentiality of your comments.

1. How do you know this student?
2. What has this student done to demonstrate leadership potential within the school or community? Please be specific.
3. Describe the personal qualities of this student that in your view show his or her leadership potential. Please provide an example or illustration.
4. How do you think this individual might serve as a role model or leader for other youth with disabilities? Please be specific.

**Please include your signature, title, organization and telephone number on the letter.**



## **Request for Letter of Recommendation**

(Give this page to your reference.)

Student's name:

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Thank you for agreeing to write a recommendation for this student to attend the Idaho Youth Leadership Forum 2018. Please include the information listed below, and give the letter to the student in a **sealed envelope** to protect the confidentiality of your comments.

1. How do you know this student?
2. What has this student done to demonstrate leadership potential within the school or community? Please be specific.
3. Describe the personal qualities of this student that in your view show his or her leadership potential. Please provide an example or illustration.
4. How do you think this individual might serve as a role model or leader for other youth with disabilities? Please be specific.

**Please include your signature, title, organization and telephone number on the letter.**

## **Required Essay**

Your answers to the following three topics will be used to decide if you are ready to participate in the Youth Leadership Forum (YLF):

**QUALIFICATIONS** - Tell us why you would be a good delegate for YLF and why you want to attend. (Let us know about how you are a leader in your school or community, and give examples of how you show responsibility for reaching your school, family, community and personal goals.)

**POSITIVE INFLUENCES** - Please tell us about two people in your life that you look to as an example of how to be a good leader. Why? (Families, teachers, counselors, friends, public officials or celebrities are appropriate examples.)

**FUTURE PLANS** – Tell us about your plans following graduation from high school.

**EXPERIENCES AS A PERSON WITH A DISABILITY** – Describe two important experiences you have had as a person with a disability. (Please be specific about how your examples relate to your disability.)

You may give us your essay answers in a way that works best for you. Choose one of the following formats for your essay:

**Written Essay:** please write your answers on a separate piece of paper and attach to your completed application packet. Your total essay answer for all four of the topics should not be more than four (4) typewritten pages. (Responses can either be typed, or printed in black or blue ink.) Please let us know if you need a Braille application and/or need to complete your application in Braille.

**Video/Audio Recording:** please provide a video or audio of you telling us your answers to the essay topics. (You may use sign language with an interpreter or use any communication devices that you need. If you need more time please contact us.) Please send a DVD, or digital WAV file that can be viewed through Windows Media Player.

**Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.**

- A. Application form
- B. Two letters of recommendation
- C. Essay responding to required topics

\_\_\_\_\_  
**Delegate Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION**

**HOW DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS.**

1. To be eligible for the Idaho Youth Leadership Forum applicants must:
  - Have a disability (as defined by the ADA);
  - Live in Idaho;
  - Be enrolled in the 11<sup>th</sup> or 12<sup>th</sup> grade, or as of June 1, 2018 be between the ages of 16 and 21 and in a transition program;
  - Not be a past Youth Leadership Forum delegate;
  - Demonstrate current leadership potential in your school and the community.
2. Applicants must return the completed application packet no later than April 15, 2018.
3. Selected applicants will be notified by letter no later than May 15, 2018.
4. After being selected, delegates will be asked to fill out a confirmation form and a medical form and return all information to the Idaho State Independent Living Council by June 1, 2018.

5. This conference is inclusive, and accommodations can be made on an individual basis for selected participants.

**Return this application**  
**to:**

Jami Davis  
Idaho State Independent Living Council  
380 S 4<sup>th</sup> St Ste 102  
Boise, Idaho 83702  
Phone: (208) 334-3800 or 1-800-487-4866  
FAX: (208) 334-3800  
Email: [jami.davis@silc.idaho](mailto:jami.davis@silc.idaho)