

# **Idaho Youth Leadership Forum (YLF)**

## **June 7<sup>th</sup> – June 12<sup>th</sup>, 2020**

### **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 4th, 2020.**

**If you need help filling out this application, please contact your local Center for Independent Living (CIL). Find your local CIL 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.
- There is no expense for 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 between the ages of 16 and 21;
- 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.

All applicants will get a letter telling them whether or not they have been chosen to attend the forum. 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

<b>Last Name</b>	<b>First</b>	<b>Middle</b>
<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	<b>Birth Date</b>
<b>Race/Ethnicity</b>	<b>Name of High School</b>	<b>Grade Level on 06/01/20</b>

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

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

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

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

Please tell us about your accommodation needs during 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.**  
 Please be specific.

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) \_\_\_\_\_

Adult Contact \_\_\_\_\_

2) \_\_\_\_\_  
 Name of Activity \_\_\_\_\_ Dates (From When to When) \_\_\_\_\_

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

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

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## **Request for Letter of Recommendation**

(Give this page to a reference.)

Student's name: \_\_\_\_\_

Thank you for agreeing to write a recommendation for this student to attend the Idaho Youth Leadership Forum 2019. Please include the below requested information, 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.
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 a reference.)

Student's name: \_\_\_\_\_

Thank you for agreeing to write a recommendation for this student to attend the Idaho Youth Leadership Forum 2019. Please include the below requested information, 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.
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.**







**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 between the ages of 16 and 21;
  - 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 postmarked no later than April 4th, 2020.
3. Selected applicants will be notified by letter no later than April 30, 2020.
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 May 15, 2020.
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  
120 S Cole Rd  
Boise, Idaho 83709  
Phone: (208) 334-3800 or 1-800-487-4866  
Email: [jami.davis@silc.idaho.gov](mailto:jami.davis@silc.idaho.gov)