

Initial Application Packet



***20th Annual Youth Leadership
Forum
July 25 – 31, 2020
Eastern Washington University,
Cheney, WA***

***We are looking for future
community leaders!!***

***Come join us for the 20th Youth
Leadership Forum for High
School Students with Disabilities,
an exciting, fun, educational,
five-night, six-day,
Program for youth in transition
under the age of 22!!***

**Initial Deadline to apply is March 1, 2020.
(Applications will be accepted after that date on a
“space available” basis.)**

Eligibility

This is the Initial Application consisting of the application, student signature page, and professional endorsement. The application is a fillable document and may be saved as a file. The student signature page and professional endorsement must either be scanned in and emailed or mailed to the address listed.

The program is funded to allow participation by approximately 30 to 50 high schools students/students in transition with disabilities from throughout Washington State to attend.

In order to allow for as many eligible students to participate, a youth may only attend YLF as a delegate once during their period of eligibility.

There is no cost to the student/parent/guardian for attending YLF. All expenses, including travel to and from the Forum are fully funded.

Students must be 16 years of age prior to the start of YLF and under the age of 22.

All disabilities are welcomed and YLF pays for any needed accommodations or assistance.

**The Youth Leadership
Forum is a project of the
Washington State
Governor’s Committee on
Disability Issues and
Employment**

YLF Application Instructions

Initial Due Date – March 1 (Applications will be accepted after that date on a “space available” basis)

Students must complete all information on this fillable application. (If you need help, please ask your parent(s)/guardian(s) or teachers if you can call Elaine Stefanowicz, at **(360) 902-9362**. ***Starred items must contain full information or your application will be returned.**

Please type or print with black or blue ink. If you require an alternative format, please contact Elaine Stefanowicz.

Mail/Email/Scan the application to: Governor’s Committee on Disability Issues and Employment, Youth Leadership Forum, Attn: Elaine Stefanowicz, PO Box 9046, Olympia, Washington 98507-9046
Email: estefanowicz@esd.wa.gov

Students will be notified by email or text within 7 business days of receipt of their application. Follow-up information regarding travel, accommodations, etc., will be sent by mail after March 10.



Name:

Date:

YLF Application

Initial Due Date – **March 1** (Applications will be accepted after that date on a “space available” basis)

***Starred items must contain full information or your application will be returned.**

Personal Information:

*Student's Name:

*Student's Gender:

*Student's Date of Birth: Age at Start of YLF:

*If over 18 years, of age, do you have a Legal Guardian: Yes No

*Student's Mailing Address:

Student's Email Address:

Student's Cell Phone Number (including area code):

*Parent(s)/Guardian(s)'s Name:

*Parent(s)/Guardian(s)'s Mailing Address:

Parent(s)/Guardian(s)'s Email Address:

*Parent(s)/Guardian(s)'s Phone Number:

Name:

Date:

School Information:

*Attending High School: Yes No

*Grade Level on July 1 of application year (must be a junior, senior, recent graduate or enrolled in a transition program):

*If graduated, date of graduation:

*Name of High School:

*Mailing Address of school:

*Name of School Counselor:

*School Phone Number:

*Do you have an Individualized Education Program (IEP) or 504 Plan? Yes No ***A copy of your most recent IEP or 504 Plan must be returned with this application.**

*Do you have a Behavioral Intervention Plan (BIP)? Yes No
***A copy of your most recent BIP must be returned with this application.**

Transition Program Information:

*Enrolled in Transition Program: Yes No ***A copy of your most recent Transition Plan must be returned with this application.**

*Name of Transition Program:

*Mailing Address of Transition Program:

*Name of Transition Counselor:

*Transition Program Phone Number:

Name:

Date:

*Are you receiving Services from the Division of Vocational Rehabilitation, Developmental Disabilities Administration, or Department of Services for the Blind? Yes No
Department of Vocational Rehabilitation Client Number (if available):

DVR Counselor Name (if available):

DVR Counselor Phone number:

Demographics (for statistical purposes only):

Ethnicity (select one):

Hispanic or Latino

Not Hispanic or Latino

Race (select one or more):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Prefer not to answer



*Interest

Your answers to the following questions will be used to assess your interest and readiness to participate in the Youth Leadership Forum. Please type your responses in the space provided or on separate sheets of paper(s) and attach it to your application packet. Your total responses for all four of these topics should not exceed two (2) typewritten, double-spaced pages.



What are two important experiences (good or bad) you have had as a young person with a disability? (Please be specific about your examples as they relate to your disability.)



In terms of leadership, please tell us about two people who have positively influenced your life and why. (Family members, teachers, counselors, friends, public officials or celebrities are appropriate examples.)



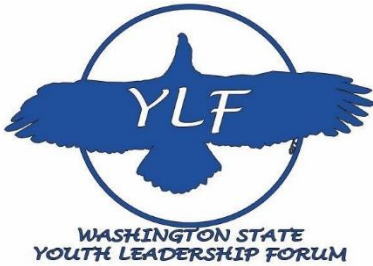
Why do you feel you are qualified to be a delegate to this Youth Leadership Forum and please tell us why you want to attend this Forum?



Describe your goals for after high school graduation.

Name:

Date:



Student Signature

I have completed the Youth Leadership Forum Application. I understand that this is the initial application packet and a second packet will be provided that will include the opportunity for me to request accommodations and assistance (if needed), special dietary needs, travel arrangements and other information.

Signature of Student:

Date:

Signature of Parent/Guardian (if under 18):

Date:

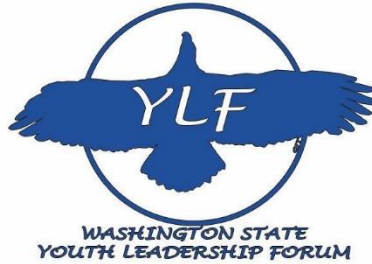
Signature of Legal Guardian (if over 18, and appointed): *Date:*

[If you are planning to email your application, be sure to print pages 6 and 7 and scan them for inclusion with your email or mail them. We must have signatures on the application.]

This document must be signed and returned to: Governor's Committee on Disability Issues and Employment, Youth Leadership Forum, Attn: Elaine Stefanowicz, PO Box 9046, Olympia, Washington 98507-9046; Email: estefanowicz@esd.wa.gov by **March 1**.

Name:

Date:



Professional Endorsement

I *(Student's Name)* have requested that

(Teacher, Counselor, Mentor Name)

provide this endorsement of my application to the Youth Leadership Forum (YLF). I have provided them a copy of the YLF brochure so that they may comment on the benefit of my attendance as well as the strengths I bring to the Forum that will benefit other participants. This endorsement will be used to tailor the Forum to the needs of the participants.

Student signature

Date

Parent/Guardian signature (if required) Date

Please complete the following endorsement and return it to: Governor's Committee on Disability Issues and Employment, Youth Leadership Forum, Attn: Elaine Stefanowicz, PO Box 9046, Olympia, Washington 98507-9046; Email: estefanowicz@esd.wa.gov by **March 1**.

Name:

Title:

Organization:

Address:

Telephone Number:

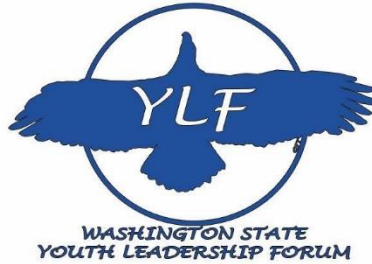
Relationship to student:

Years known:

[On the reverse side of this sheet or another sheet of paper, please provide a brief summary of the benefit this student would receive from attending YLF and what strengths the student will bring to the Forum that will benefit other participants. Your responses will not eliminate the student from the program but will be used to better tailor the program to the needs of the participants.]

Name:

Date:



Professional Endorsement

I (Student's Name) have requested that

(Teacher, Counselor, Mentor Name)

provide this endorsement of my application to the Youth Leadership Forum (YLF). I have provided them a copy of the YLF brochure so that they may comment on the benefit of my attendance as well as the strengths I bring to the Forum that will benefit other participants. This endorsement will be used to tailor the Forum to the needs of the participants.

Student signature

Date

Parent/Guardian signature (if required) Date

Please complete the following endorsement and return it to: Governor's Committee on Disability Issues and Employment, Youth Leadership Forum, Attn: Elaine Stefanowicz, PO Box 9046, Olympia, Washington 98507-9046; Email: estefanowicz@esd.wa.gov by **March 1**.

Name:

Title:

Organization:

Address:

Telephone number:

Relationship to student:

Years known:

[On the reverse side of this sheet or another sheet of paper, please provide a brief summary of the benefit this student would receive from attending YLF and what strengths the student will bring to the Forum that will benefit other participants. Your responses will not eliminate the student from the program but will be used to better tailor the program to the needs of the participants.]

Name:

Date:



RELEASE FORM FOR USE OF PHOTOGRAPHS AND QUOTATIONS

I, _____, give my permission for the Washington State Youth Leadership Forum to print or publish photographs and videotape of me, or to use quotations from me to publicize the Youth Leadership Forum.

Student's Name:

Student's Signature: _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____

Name:

Date:

YLF Application Checklist

Use this list to ensure that you have completed and returned all necessary documents:

All “Personal Information” is complete

All “School Information” is complete

All “Transition Program Information” is complete

I have provided answers to the four essay questions

All **starred** questions are fully answered

I have signed the student signature page

My parent/guardian has signed the student signature page, if necessary

I have signed the two (2) professional endorsement forms

I have provided the professional endorsement forms to two professionals

I have signed the Release Form for Use of Photographs and Quotations

My parent/guardian has signed the Release Form for Use of Photographs and Quotations, if necessary

I have attached a copy of my IEP, 504, BIP, and/or Transition Plan