



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

A project of the Oklahoma Developmental Disabilities Council

Intent to Apply for Oklahoma Youth Leadership Forum (YLF)



DEADLINE: Applications must be postmarked by February 1st .

- Type or print with black ink.
- This application is a two-sided document. If you make a copy, make sure to copy both sides of a page.
- Audio and video applications are accepted following the specified format.

What is leadership and why should you consider YLF?

Leadership is the ability to analyze one’s own strengths and weaknesses, set personal and vocational goals, and have the self-esteem to carry them out. It includes the ability to identify community resources and use them, not only to live independently, but also to establish support networks to participate in community life and affect positive social change. A key part of YLF focuses on learning to appreciate the experience of disability, disability culture, and disability rights. Developing an understanding of these issues is a first step in our own self-awareness and leadership development. YLF focuses on these issues and invites you to be a part.

a. Personal information.

Student's last name	First	Date of birth	Sex	Age
Residence street address		City	Zip	
Mailing street address, if different		City	Zip	
Area code	Home phone number	E-mail address		

b. School information.

Name of high school				
School mailing street address	City	State	Zip	
High school counselor's name	Area code	School phone		
High school principal's name	Date graduation expected	Grade or equivalent		

List the school classes in which you are currently enrolled:

c. School activities. Briefly list your involvement with your school. This may include any offices you held, club memberships, or after-school activities. List the grade you were in at the time of participation, the name of an adult contact with whom you worked, length of involvement, and what you did.

Activity	Grade level	Adult contact	Dates involved	Type of involvement

d. Ethnicity/disability information:

Race/ethnic background: White Black Hispanic
 Asian Other

Disability (medical diagnosis): _____

Check all that apply:

- Deaf
- Hard of hearing
 - I use sign language.
 - I use real time captioning.
 - I use lip reading.
- Blind
- Visual disability
 - I read with large print.
- Orthopedic disability
 - I use a wheelchair.
 - I cannot walk upstairs. Describe: _____

- Developmental disability
 - Autism
 - Traumatic brain injury
 - Mental retardation
 - Other Describe: _____
- Mental health disability
- Neuro/muscular disability
- Learning disability
- Multiple disabilities
- Other Describe: _____