

Application for Oklahoma Youth Leadership Forum (YLF)

A project of the Oklahoma Developmental Disabilities Council

DEADLINE: Applications must be postmarked by February 24, 2006

- Applicants must complete ALL information on pages 1 through 6 of the application with appropriate accommodations or with a student-directed aide. This application must be completed by the student, with help from others, if needed.
- Type or print with black ink.
- See page 7 for additional application instructions.
- 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.

I. Personal Information.

Student's last name	First	Middle	Date of birth	Sex	Age
Residence address	City		State	Zip	
Mailing address, if different from above			City	State	Zip
Home telephone number, with area code ()	E-mail address				

II. School Information.

Name of high school					
School mailing address	City		State	Zip	
High school counselor's name	School telephone, with area code ()				
High school principal's name		Date graduation expected	Grade or equivalent		

List the school classes in which you are currently enrolled:

III. School activities. Briefly list your involvement with your school. This may include any offices you held, club memberships, after-school activities, volunteer activities, or work experiences. 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

IV. Community activities.

Activity	Adult contact	Dates involved

V. Work experience, paid or non-paid.

Jobs	Were you paid?	Adult contact	Dates involved

VI. Interests.

Briefly describe some of your interests and hobbies that you pursue in your free time.

VII. Who is your local state representative? _____

VIII. Who is your local state senator? _____

IX. Who is your congressman? _____

X. What is the name of your local newspaper? _____

XI. Is there a youth action council in your area? Yes No

XII. Letters of recommendation. ATTACH at least two letters of recommendation that describe your demonstrated leadership skills or your leadership potential. One letter **must** be from a high school representative and one **must** be from a community representative outside your school who is not a relative.

IMPORTANT: The letters of recommendation must be provided to you in sealed envelopes and mailed with the application materials.

List the name, position or title, and telephone number of the people who are recommending you for this forum.

1. Name	Position or title
Organization	Telephone number with area code ()
2. Name	Position or title
Organization	Telephone number with area code ()

XIII. Ethnicity/disability information:

Race/ethnic background: White Black Hispanic Asian Other

Disability (medical diagnosis): _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Developmental disability |
| <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Autism |
| <input type="checkbox"/> I use sign language. | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> I use real time captioning. | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> I use lip reading. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Mental health disability |
| <input type="checkbox"/> Visual disability | <input type="checkbox"/> Neuro/muscular disability |
| <input type="checkbox"/> I read with large print. | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Orthopedic disability | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> I use a wheelchair. | <input type="checkbox"/> Other. Describe: _____ |
| <input type="checkbox"/> I cannot walk upstairs. _____ | |

XIV. Required essay. Demonstrate your readiness to participate in this leadership forum by writing an essay that addresses items A through C.

- 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, tell us about two people who have positively influenced your life. Family, teachers, counselors, friends, public officials, or celebrities 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 and what you learned from those experiences. Be specific about your examples as they relate to your disability.

Write your responses on separate sheets of paper and attach them to your application packet. Your responses must be double-spaced, either typewritten or printed in black ink, and must not exceed three pages.

XV. Strengths, assets, and goals. Complete pages 5 and 6, strengths, assets, and goals worksheet. Read and sign page 6.

XVI. Signatures.

Signature of student

Date

Signature of parent or legal guardian

Date

Thank you for completing this application. Please mail it to the address below no later than February 24, 2006.

If you have any questions, contact the YLF coordinator at 405-521-4984 or 1-800-836-4470.

Mailing address for application: Oklahoma Developmental Disabilities Council
2401 NW 23rd Street, Suite 74
Oklahoma City, OK 73107

STRENGTHS, ASSETS, AND GOALS WORKSHEET

Some important aspects of being a leader are:

- recognizing your strengths;
- knowing what you need help with;
- setting goals; and
- developing strategies to achieve your goals.

Following the format below, write or type the requested information on a separate sheet of paper. This information helps the Youth Leadership Forum (YLF) staff to better know and understand the goals of applicants. It is a preparatory guide for student delegates as they develop their personal leadership plans at the forum.

Personal assets. Things I am good at, my gifts, talents, and strengths:

Future goals. What I want to do **after** high school:

My skills today. What I can do **right now** to meet my future goals:

My needs. What I **still** need to do and learn to meet my future goals:

Goals I want to achieve this year and steps I will take or opportunities that may help me meet my goals:

GOAL 1.

Steps or opportunities:

1.

2.

3.

People who can help me with this:

GOAL 2.

Steps or opportunities:

1.

2.

3.

People who can help me with this:

At the YLF, each delegate is required to complete a personal leadership plan. If I am selected to be a YLF delegate I agree to complete my plan as required.

Signature of student

Date

Keep this page, do not mail it with your application.**How student delegates are selected and application instructions for students.**

1. To be eligible for the Oklahoma Youth Leadership Forum, a student must:
 - have a disability, as defined by the Americans with Disabilities Act;
 - be in 10th or 11th grade as of December 15, 2005, or if students are in non-graded programs they must be returning to high school for at least one year;
 - have demonstrated leadership potential in the school and community;
 - reside in Oklahoma; and
 - agree to assist as a YLF volunteer within two years of attending as a student delegate.
2. Applicants must complete all sections of Form YLF-1 and return the form by the specified deadline. Late or incomplete applications are not reviewed.
3. All applications are reviewed initially for compliance with application procedures. Following a selection process, semi-finalists are contacted by telephone to arrange a personal interview. A panel coordinated by the YLF Steering Committee conducts the interview. Interviews take place between March and April.
4. Finalists are notified by letter whether they have been selected to attend the forum. Letters are mailed by the end of April. Twenty delegates and four alternate delegates are selected to attend. Alternate delegates are students who are on stand-by to attend the YLF.
5. After being selected, delegates are asked to complete a confirmation form and provide additional information to the YLF Steering Committee.
6. Expenses are paid by the Oklahoma Developmental Disabilities Council (ODDC), including lodging, transportation, food, materials, interpreters for students who are deaf, and personal care assistants.

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2401 NW 23rd Street, Suite 74
Oklahoma City, OK 73107

If you need special accommodations to complete this form, contact ODDC at 405-521-4984 or 1-800-836-4470. Unless special accommodations are requested, only written, mailed applications are accepted.

Use the checklist below to make certain your application packet is complete. Incomplete applications are not considered.

- Form YLF-1, pages 1 - 6
- two letters of recommendation
- your personal essay