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**Central Ohio Youth Leadership Forum (YLF) 2024**

**June 17th-21st, 2024**

**Student Delegate Application**  
**Application Deadline: May 3, 2024**

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| 1. **Personal Information** | | | | | | | | | | | | | |
| Student’s last name: | | | First: | | | | | | | | Middle: | | |
| Date of birth: | | | Age: | | | | | | | | | | |
| Student’s address: | | | City: | | | | | | | | County: | | |
| State: | | | Zip Code: | | | | | | | | | | |
| Student’s mailing address, if different than above: | | | City: | | | | | | | | County: | | |
| State: | | | Zip Code: | | | | | | | | | | |
| Student’s home phone number: | | | | | Student’s e-mail address: | | | | | | | | |
| Student’s cell phone number: | | | | | Parent’s email address: | | | | | | | | |
| Parent’s cell phone number: | | | | | | | | | | | | | |
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| 1. **School Information** | | | | | | | | | | | | | |
| Name of high school: | | | | | | | | | | Grade level on December 31, 2023: | | | |
| School address: | | | | | | City: | | | | | | | |
| County: | | State: | | | | | | | Zip Code: | | | | |
| School telephone number (include area code): | | | | High school Intervention Specialist/Counselor’s name: | | | | | | | | | |
| Intervention Specialist/Counselor’s email address: | | | | | | | | | | | | | |
| Cumulative grade point average as it appears on your grade report: | | | | | | | | | | | | | |
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| 1. **Disability Information** | | | | | | | | | | | | | |
| Disability (medical diagnosis): | | | | | | | | | | | | | |
| Age at or date of onset of your disability: | | | | | | | | Are you a current OOD (*BVR/BSVI*) consumer?  Yes  No | | | | | |
| If yes, your BVR/BSVI counselor’s name: | | | | | | | | | | | | | |
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| 1. **List of School Classes** | | | | | | | | | | | | | |
| List the school classes in which you are currently enrolled: | | | | | | | | | | | | | |
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| 1. **Extra-Curricular** Below, please list your involvement with your school. This may include any offices you held, club memberships, after-school activities. List the length of involvement, grade level you were in at the time of participation. (Use extra sheets if necessary.) | | | | | | | | | | | | | |
| Name of Activity | Adult Contact | | | | | | Date From | | | | | Date  To | Grade Level |
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| 1. **Community Activities** Below, please list your involvement in your community. This may include any offices you held, club memberships, after-school activities. List the length of involvement, grade level you were in at the time of participation. (Use extra sheets if necessary.) | | | | | | | | | | | | | |
| Name of Activity | Adult Contact | | | | | | Date From | | | | | Date  To | Grade Level |
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| 1. **Employment Experiences** Below, please list your involvement with working. List the length of employment and grade level you were in at the time of participation. (Use extra sheets if necessary.) | | | | | | | | | | | | | |
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| 1. **Letters of Recommendation** | | | | | | | | | | | | | |
| Please attach two letters of recommendation which describe your demonstrated leadership skills or leadership potential.  Below, list name, position/title, organization, and telephone number of the two people who are writing the letters. | | | | | | | | | | | | | |
| Name | | | | | Title | | | | | | | | |
| Organization or business | | | | | Telephone #  (include area code) | | | | | | | | |
| Name | | | | | Title | | | | | | | | |
| Organization or business | | | | | Telephone #  (include area code) | | | | | | | | |
| 1. **Questions for Qualification** | | | | | | | | | | | | | |
| Your answers to the following questions will be used to assess your readiness to participate in this leadership forum. | | | | | | | | | | | | | |
| Note: If filling out by hand, write your responses on separate pieces of paper and attach to your completed application. Your total response to all four questions should not exceed four (4) typewritten double spaced or hand-printed pages. You can, also, choose to complete in video, power point, ASL, in any fashion you choose. | | | | | | | | | | | | | |
| 1. Qualifications: Explain why you feel you are qualified to be a delegate to this forum and why you want to attend. | | | | | | | | | | | | | |
| 1. Positive Influences: In terms of leadership, tell us about two people who have positively influenced your life. How have they done so? (Family members, teachers, counselors, friends, public officials, or celebrities are appropriate examples.) | | | | | | | | | | | | | |
| 1. Experiences as a person with a disability: Describe two important experiences you have had as a person with a disability. These can be positive or negative experiences. (Please be specific about how your examples relate to your disability.) | | | | | | | | | | | | | |
| 1. Future Plans: Describe your plans for after high school graduation. | | | | | | | | | | | | | |
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| 1. **Optional - Diversity information** | | | | | | | | | | | | | |
| The following optional information is being requested to ensure diversity of delegates at the forum: | | | | | | | | | | | | | |
| 1. Male  Female Non-binary | | | | | | | | | | | | | |
| 1. Describe your ethnicity/race (e.g., African American, Asian, Hispanic, White, etc.): | | | | | | | | | | | | | |
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| 1. **Checklist H** | | | | | | | | | | | | | |
| Please use the checklist below to make certain your application packet is complete. All questions must be answered, with the requested letters and information provided. | | | | | | | | | | | | | |
| Application (all questions answered) | | | | | | | | | | | | | |
| Two letters of recommendation | | | | | | | | | | | | | |
| Responses to four questions | | | | | | | | | | | | | |
| ***By signing this application, I acknowledge that confidential personal information may be obtained or released by OOD or OOD VR Contractors to Partners and Employers on my behalf.*** | | | | | | | | | | | | | |
|  | | | | | Date: | | | | | | | | |
| Student’s Signature | | | | | | | | | | | | | |
| Thank you for completing this application. Please mail or email the completed application packet to the address below. If you have any questions, please contact: | | | | | | | | | | | | | |

**(Please keep pages 5 & 6 for your records; do not return them with your application)**

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**We are inviting future community**

**leaders to attend our annual**

**Youth Leadership Forum (YLF)**

**for Students with Disabilities**

**Held in Columbus, Ohio**

**June 17-21, 2024**

1. Twenty (20) high school students with disabilities will be selected to attend.
2. No charge to selected student delegates (all expenses paid).
3. Exciting, fun, educational five-day training program includes meeting with government officials and exciting programs with community leaders.

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**HOW STUDENT DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS FOR STUDENTS**

1. To be eligible for the Youth Leadership Forum, students must:

(a) have a disability;

(b) be enrolled in high school;

(c) have demonstrated leadership potential in school and the community; and

(d) reside in Ohio

2. Student applicants must mail, email or fax the completed application packet **no later than** **May 3rd, 2024.** Please include an email contact if you have one. Applicants will receive an email confirming that their application materials were received.

3. Semi-finalists will be selected and contacted by telephone to arrange a personal interview. The interviews will be conducted by a selection committee. Interviews will take place **virtually** upon receipt of application.

4. All applicants will be notified by email or phone call whether they are selected to attend the forum.

5. After being selected, students will be asked to fill out a confirmation form and provide additional information in order to attend the forum.

1. All appropriate expenses will be paid by the Youth Leadership Forum, including such expenses as food, interpreters for deaf students, and personal care attendants for students with physical disabilities.

**Rules and Guidelines for Student Delegates at the**

**Youth Leadership Forum (YLF)**

Students are selected to attend the forum because of their leadership skills and potential. You are expected to abide by the following rules and guidelines:

1. Be punctual with arrival times and all sessions/activities.

2. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.

3. Maintain a respectful attitude toward delegates, counselors, and conference staff.

4. Respect the facilities.

5. Possession or use of illegal chemicals or alcohol is strictly prohibited.

6. Prescriptions or other approved medications require official verification and will only be dispensed under supervision by the medical staff.

7. Possession of weapons is strictly prohibited.

**Any violations of these rules will result in students being sent home immediately at parents’/guardians’ expense. Illegal behavior such as possession of weapons will result in law enforcement authorities being contacted. The signed application to the Youth Leadership Forum indicates your acceptance of these rules and guidelines. Remember the responsibility that goes with the honor of being selected ... and plan to have a great time!**

**Additional information about the Youth Leadership Forum is available at:**

[**http://www.ohiosilc.org/youth-leadership-forum**](http://www.ohiosilc.org/youth-leadership-forum)

[**www.disabilityempowerment.net**](http://www.disabilityempowerment.net)

**Columbus YLF site coordinator:**

[**shetrick@disabilityempowerment.net**](mailto:shetrick@disabilityempowerment.net)