



# MYLF

## Montana Youth Leadership Forum

[www.montanaylf.org](http://www.montanaylf.org)

**WE'RE INVITING FUTURE COMMUNITY LEADERS TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES**

**July 15<sup>th</sup> through July 19<sup>th</sup>, 2019**

**Location – Carroll College, Helena, MT**

\*Twenty high school freshman, sophomores, juniors and seniors will be selected.

\*No expense to selected delegates (**all expenses paid**).

\*Exciting, fun, and educational four-day training program.

\*Students must complete all information of this application.

\*Please type or print clearly with black ink.

\*Mail the application to the address on the last page (page 7).

\*Please see page 7 for additional application instructions.

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**1. Last Name**

**First**

**Middle**

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**2. Address**

**City, State**

**Zip**

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**3. Male / Female**

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**4. Phone**

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**5. Name of High School**

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**6. Grade Level on 12/31/18**

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**7. Your E-Mail Address**

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**8. Birth date**

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**9. Expected Graduation Date**

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**10. Social Security Number**

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**11. Your Ethnicity**

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**12. Preferred Nickname (if any)**

**13. Please describe your disability.** This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) \_\_\_\_\_  
\_\_\_\_\_

Onset of disability: \_\_\_\_\_

**Check all that apply:**

Deaf \_\_\_\_\_                      Developmental Disability \_\_\_\_\_  
Hard of Hearing \_\_\_\_\_                      Describe \_\_\_\_\_  
I use sign language \_\_\_\_\_                      \_\_\_\_\_  
I use real time captioning \_\_\_\_\_                      Autism \_\_\_\_\_  
I use lip reading \_\_\_\_\_                      Traumatic Brain Injury \_\_\_\_\_

Blind \_\_\_\_\_  
Visual Impairment \_\_\_\_\_                      Mental Health Disability \_\_\_\_\_  
I read with Braille \_\_\_\_\_                      \_\_\_\_\_  
I read with large print \_\_\_\_\_                      Neuromuscular Disability \_\_\_\_\_  
Orthopedic Disability \_\_\_\_\_                      Learning Disability \_\_\_\_\_  
I use a wheelchair \_\_\_\_\_                      \_\_\_\_\_  
I cannot walk upstairs \_\_\_\_\_                      Multiple Disabilities \_\_\_\_\_  
I cannot walk long distances \_\_\_\_\_                      Other \_\_\_\_\_

**14. Information on Vocational Rehabilitation**

If you are currently a client of Vocational Rehabilitation, please tell us your Counselor's Name \_\_\_\_\_

**15. 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.

<b>Activity</b>	<b>Adult Contact</b>	<b>Dates Involved</b>	<b>Grade</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 16. Letters of recommendation

Please attach two letters of recommendation which 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.

List name, position/title, organization and telephone number of your Recommendations.

1. \_\_\_\_\_

2. \_\_\_\_\_

## 17. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.

B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, 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 person with a disability. (Please be specific about your examples as they relate to your disability.)

D. Future Plans – Describe any of your plans for after high school.

**Request Form for Pre-Employment Transition Services  
Montana Vocational Rehabilitation and Blind Services**

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Phone number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ School ID Number: \_\_\_\_\_

Student's Race:  American Indian  Asian  Black  Native Hawaiian  White

Student's Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Student's Disability Status:  504 Accommodation  IEP  Has a Disability (No 504 or IEP)

Primary Disability: \_\_\_\_\_

School Name: \_\_\_\_\_ School Contact \_\_\_\_\_:

Student's Grade Level: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Pre-Employment Transition Services Requested: (See Definitions and Check all that apply)

- Job Exploration Counseling
- Work Based Learning
- Counseling on comprehensive transition or postsecondary educational programs
- Workplace readiness training
- Instruction in self-advocacy

By signing this form, I am requesting Pre-Employment Transition Services. I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for Vocational Rehabilitation and Blind Services (VRBS) to exchange information with my school and service providers. I understand that VRBS requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian  
(if student is under 18)

\_\_\_\_\_  
Date



**Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.**

- Complete Application form
- Two letters of recommendation
- Essay responding to four topics
- Request Form for Pre-Employment Transition Services (*page 4*)
- Disability Verification form (*page 5*)

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Student Signature

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Date

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Parent/ Guardian Signature

---

Date



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### **KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION**

#### **Mail Completed Applications to:**

**MYLF**

**1617 Euclid Ave. Suite 1**

**Helena, MT 59601**

**Signed electronic applications will also be accepted to [JKHermanson@ncils.org](mailto:JKHermanson@ncils.org)**

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

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
  - a. Have a disability (as defined by the ADA)
  - b. Be in the 8, 9, 10, 11, or 12<sup>th</sup> grade as of December 31, 2018
  - c. Must have demonstrated leadership potential in school and community
  - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than March 30, 2019.
3. Selected applicants will be notified by letter no later than April 27, 2019.
4. After being selected, students will be asked to fill out a confirmation form and provide additional information to the MYLF office.
5. **All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF) including such expenses as travel, lodging, food, and interpreters for students who are deaf and personal assistants for students with physical disabilities.**