



MYLF

Montana Youth Leadership Forum

MYLF IS MOVING ONLINE!

MYLF APPLICATION

July 20-24, 2020

The MYLF Digital Forum will be from 1:30pm to 4pm Monday through Friday. We will also have special evening presentations with celebrity guest speakers from 6:00pm to 7:30pm Monday through Thursday. The forum is FREE and training materials and accommodations will be provided.

1. First Name **Middle** **Last**

2. Address **City** **Zip**

3. Male / Female **4. Phone**

5. Name of High School **6. Grade Level (as of Dec 31 2019)**

7. Your E-Mail Address **8. Birth date (mm/dd/year)**

9. Date Graduation Expected **10. Social Security Number**

11. Your Ethnicity **12. Shirt Size (standard adult unisex sizing)**

13. Parent/Guardian Contact Information

Name: _____

Relationship to Delegate: _____ Phone Number: _____

E-Mail: _____

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

Disability (medical diagnosis) _____

Onset/diagnosis of disability: _____

Check all that apply:

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

Blind _____	Mental Health Disability _____
Visual Impairment _____	Neuromuscular Disability _____
I read with Braille _____	
I read with large print _____	

Orthopedic Disability _____	Learning Disability _____
I use a wheelchair _____	Multiple Disabilities _____
I cannot walk upstairs _____	
I cannot walk long distances _____	

Allergies

_____ No known allergies	_____ Delegate is allergic to
	_____ Food
	_____ Medicine
	_____ Environmental factors

15. Accommodations

_____ I do not need any accommodations.

_____ I need accommodations. Please explain needed accommodations (including any needs for alternative materials or formats or any technology needs):

16. Information on Vocational Rehabilitation

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

17. 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.

Activity	Adult Contact	Dates Involved	Grade

18. Personal reference

Please EITHER list a reference that will recommend you for this program OR email a letter of recommendation.

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

19. Personal Statement

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses in a separate document and attach to your completed application packet.

- 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. 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.

- Completed application form (*pages 1-3*)
- List a reference or include a letter of recommendation (*page 3*)
- Personal statement responding to three topics (*listed on page 3*)
- Request Form for Pre-Employment Transition Services (*page 4*)
- Disability Verification form (*page 5*)

Student Signature

Date

Parent/ Guardian Signature

Date

EMAIL applications to JKHermanson@ncils.org

OR

Mail Completed Applications to:

MYLF

1617 Euclid Ave. Suite 1

Helena, MT 59601

OR

Applications may be faxed to 406-443-3796.

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 12th grade as of December 31, 2019
 - c. Must have demonstrated leadership potential in school and community
 - d. Reside in Montana
2. Applications must be received by the MYLF office July 10th 2020.
3. Selected applicants will be notified no later than July 14th, 2020