



## 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 19<sup>th</sup> through July 23<sup>rd</sup>, 2021**

**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 12/31/2020**

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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 or School ID**

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**11. Your Ethnicity**

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

**13. Please describe your disability.** This information assists us in ensuring that we include delegates with a diversity of disabilities and are ready to provide appropriate accommodations.

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

Other disabilities: \_\_\_\_\_

Other needed accommodations (including any need for personal care attendant services):

\_\_\_\_\_  
\_\_\_\_\_

**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.

<u>Activity</u>	<u>Adult Contact</u>	<u>Dates Involved</u>	<u>Grade</u>
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### 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. 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 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 possible 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

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

Student with a Disability Verification

Definition:

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 21. The student is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or is an individual with a disability, for purposes of section 504; or is an individual with a disability who is not receiving a 504 accommodation or services under an Individualized Education Program(IEP).

**If this request form is being completed by school personnel, please verify the following:**

By signing this form, I verify that this individual meets the definition of a student with a disability and there is available documentation supporting that the student is:

- A student with a disability for the purposes of section 504; or
- A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or
- A student with a documented disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

School Personnel Name: \_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

**If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:**

- Copy of Individualized Education Program (IEP) or 504 Accommodation
- School records/statement from school personnel
- Proof of receipt of SSI/SSDI benefits based on individual's own disability
- Medical or psychological documentation signed by a licensed professional

<p>VRBS Office Use Only:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Required verification has been reviewed and individual is confirmed to be a student with a disability</li><li><input type="checkbox"/> The student has reviewed information about the available Pre-ETS and requested specific services.</li><li><input type="checkbox"/> VRBS is in agreement that the requested Pre-Employment Transition Services are appropriate and necessary for the student to prepare for life after high school.</li></ul> <p>VRBS Staff Name: _____ / _____ Date: _____ (Printed) (Signature)</p>
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**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 (*pages 1-3*)
- Two letters of recommendation
- Personal statement responding to four topics (*listed on page 3*)
- Request Form for Pre-Employment Transition Services (*page 4*)
- Disability Verification form (*page 5*)
- Signature page (*page 6*)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



## Montana Youth Leadership Forum

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

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

**Mail Completed Applications to:  
Montana Youth Leadership Forum  
1617 Euclid Ave. Suite 1  
Helena, MT 59601**

**or applications may be faxed to 406-443-3796.**

**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 /MYLF (pronounced “My Life”) 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, 2019
  - 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 April 30, 2021.
3. Selected applicants will be notified by letter no later than May 7, 2021.
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.**