



**WE'RE INVITING FUTURE COMMUNITY LEADERS TO ATTEND THE ANNUAL  
MONTANA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH  
DISABILITIES July 21st - July 25th, 2025  
Carroll College- Helena, MT**

- We're planning for an in-person forum. If the in-person portion is cancelled, all applicants will automatically transfer to a virtual forum.
- Open to high school freshman, sophomores, juniors and seniors.
- No expense to selected delegates (**all expenses paid**).
- Students must complete all information of this application.
- Please type or print clearly with black ink.
- Please see page 7 for additional application instructions.

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|---------------------|--------------|---------------|
| <b>1. Last Name</b> | <b>First</b> | <b>Middle</b> |
|---------------------|--------------|---------------|

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|-------------------|--------------------|------------|
| <b>2. Address</b> | <b>City, State</b> | <b>Zip</b> |
|-------------------|--------------------|------------|

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|------------------|-----------------|
| <b>3. Gender</b> | <b>4. Phone</b> |
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| <b>5. Name of High School</b> | <b>6. Grade Level on 12/31/2024</b> |
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| <b>7. Your E-Mail Address</b> | <b>8. Birth date</b> |
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| <b>9. Expected Graduation Date</b> | <b>10. Social Security Number</b> |
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|---------------------------|--|
| <b>11. Your Ethnicity</b> | <b>12. Preferred Nickname (if any)</b> |
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**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

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|---|
| <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: _____<br/>(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



**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 /MYLiFe (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, 2024
  - c. Must have demonstrated leadership potential in school and/or community
  - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLiFe office no later than **April 11, 2025**
3. Selected applicants will be notified by letter on or before May 02, 2025
4. After being selected, students will be asked to fill out a confirmation form and provide additional information to the MYLiFe office.
5. **All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLiFe) including such expenses as travel, lodging, food, interpreters and personal care assistants for students as needed.**