MY LiFe
MONTANA YOUTH LEADERSHIP FORUM
www.montanaylf.org

WE'RE INVITING FUTURE COMMUNITY LEADERS TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES
Monday, July 13th through Friday, July 17th, 2026
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.

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

2. Address **City, State** **Zip**

3. Gender

4. Phone

5. Name of High School

6. Grade Level on 12/31/2025

7. Your E-Mail Address

8. Birth date

9. Expected Graduation Date

10. Social Security Number

11. T-Shirt Size (Adult Unisex)

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 _____
Hard of Hearing _____
I use sign language _____
I use real time captioning _____
I use lip reading _____

Developmental Disability _____
Describe _____
_____
Autism _____
Traumatic Brain Injury _____

Blind _____
Visual Impairment _____
I read with Braille _____
I read with large print _____

Mental Health Disability _____

Neuromuscular Disability _____

Orthopedic Disability_____
I use a wheelchair _____
I cannot walk upstairs _____
I cannot walk long distances _____

Learning Disability _____

Multiple Disabilities _____

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.

Activity	Adult Contact	Dates Involved	Grade

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)

_____ Date: _____
(Signature)

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

VRBS Office Use Only:
☐ Required verification has been reviewed and individual is confirmed to be a student with a disability

☐ The student has reviewed information about the available Pre-ETS and requested specific services.

☐ 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.

VRBS Staff Name: _____/_____ Date: _____
(Printed) (Signature)

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

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 12th grade as of December 31, 2025
   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 24, 2026**

3. Selected applicants will be notified by letter on or before May 08, 2026

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.