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 12th through Friday, July 16th, 2027**
**Carroll College- Helena, MT**

- Open to high school freshmen, sophomores, juniors and seniors.
- All disabilities are welcome and accommodations are provided.
- No expense to selected delegates (**all expenses paid**).
- Students must complete all sections 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. Your Email Address**

**4. Your Phone Number**

**5. Name of High School**

**6. Current Grade Level**

**7. Expected Graduation Date**

**8. Birth date** (MM/DD/YYYY)

**9. Biological Sex** (required for overnight rooming)

**10. Preferred Pronouns**

**11. T-Shirt Size (Adult Unisex)**

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

**13. Disability Information:** Please tell us about your disability or disabilities. This information helps us better understand individual needs and appropriate accommodations.

Please check all categories that apply:

- ☐ ADHD/Attention Disorders
- ☐ Autism Spectrum Disorder
- ☐ Learning Disability (such as dyslexia or dyscalculia)
- ☐ Intellectual / Developmental Disability/Cognitive Delay
- ☐ Mental Health (such as anxiety, depression, bipolar disorder, PTSD, etc.)
- ☐ Deaf / Hard of Hearing
- ☐ Blind / Low Vision
- ☐ Physical / Mobility Disability
- ☐ Sensory Processing Differences
- ☐ Speech / Communication Disability
- ☐ Brain Injury (traumatic or acquired)
- ☐ Chronic Health / Medical Condition
- ☐ Other Disability: _____

Please list any diagnosed disabilities or medical conditions: _____

_____

Age at onset or age at diagnosis: _____

**14. Accommodation and Support Needs:**

Please check any accommodations or services you may need during MYLiFe:

- ☐ ASL interpreter
- ☐ Closed captioning or CART
- ☐ Braille materials
- ☐ Large-print materials
- ☐ Personal Care Attendant (PCA) services
- ☐ Wheelchair-accessible facilities or transportation

Other needed accommodations: _____

_____

**15. Pre-ETS/ Vocational Rehabilitation:** If you are currently working with VR or Pre-ETS, please tell us your counselor's Name: _____

16. **School and Community Involvement:** Briefly list your involvement with your school and community. This may include athletics, clubs, after school activities or work experience.

| Activity | Location | Dates Involved |
|---|---|---|
| ➢ _____ | _____ | _____ |
| ➢ _____ | _____ | _____ |
| ➢ _____ | _____ | _____ |

17. **Letters of recommendation:** Please submit two recommendations that describe your leadership skills, strengths, or potential. One recommendation should come from a school representative, and one should come from a community member outside your school.

**School representatives may complete the included Educator Recommendation Form instead of writing a traditional letter.**

**Attended a MYLiFe presentation?** If you received a "Get One Letter Free" flier, you may use it in place of one required recommendation. Simply include the flier with your application.
Please list your recommenders' names and contact information:

1. _____

2. _____

18. **Personal Statement:** Your responses help us learn more about you, your experiences, and what you hope to gain from participating in MYLiFe. Please respond to each of the four topics below on a separate sheet of paper. Written responses should not exceed two typed double-spaced pages total. Verbal or video responses are also welcome (five minutes or less.)

    A. **You & MYLiFe –** Tell us what makes you a great candidate for MYLiFe. What strengths, qualities, experiences, or talents would you bring to the group, and what do you hope to gain from attending?

    B. **Positive Influences** – Tell us about one or two people who inspire you. How have they influenced your life? Why is your life better because you have known or admired them? *(Family members, teachers, friends, public officials, or celebrities are possible examples.)*

    C. **Experiences as a person with a disability** – Tell us about one or two experiences that have been important to you as a person with a disability. How did these experiences affect you, and what did you learn from them?

    D. **Future Plans** – Tell us about your goals or plans for life 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 recommendations (*letters or Educator Recommendation Form, or one recommendation plus a "Get One Letter Free" flier*)
- □ 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**

## APPLICATION INFORMATION AND DEADLINES.

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 9, 10, 11, or 12th grade as of December 31, 2026.
   c. Have demonstrated leadership potential in school and/or community.
   d. Reside in Montana
2. Student applicants must submit a completed application packet to the MYLiFe office. **The priority application deadline is April 23, 2027**; however, applications will continue to be accepted and reviewed on a rolling basis until delegate positions are filled.
3. Priority applicants will be notified of their status on or before May 10, 2027. Applications received after the priority deadline are typically reviewed within approximately two weeks of receipt.
4. After being selected, youth 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.

# MONTANA YOUTH LEADERSHIP FORUM (MYLIFE)

# *EDUCATOR ENDORSEMENT FORM*

To help simplify the application process during the busy spring season, MYLiFe may accept this endorsement form in place of one traditional recommendation letter.
This form should be completed by a teacher, counselor, case manager, administrator, paraprofessional, transition coordinator, or other school/community professional familiar with the student.

## Student Information:

Student name: _____

School: _____ Grade: _____

## Educator Information:

Educator name: _____

School/Organization: _____

Position/Role: _____

Phone: _____ Email:_____

## Endorsement:

**Please check all statements that apply:**

□ I recommend this student for participation in MYLiFe.

□ I believe this student would benefit from leadership and self-advocacy development opportunities.

□ I believe this student would benefit from increased confidence, independence, and connection.

□ I believe this student can successfully participate in a structured, supportive multiday program with appropriate accommodations and supports.

□ I believe this student shows leadership potential.

## Optional Comments:

Please share anything else you would like the MYLiFe staff to know about this student:

_____

_____

_____

_____ _____

Signature Date