

# MARYLAND YOUTH LEADERSHIP FORUM

Open to Maryland Residents Who Are Attending a Maryland School

**June 25th-28th, 2013**

HELD AT

**BOWIE STATE UNIVERSITY**

Deadline for Application:

February 28<sup>th</sup>, 2013

**For High School Students with ANY type of Disability in their last two years of high school or  
graduating in the Spring of 2013**

**SPONSORED BY:**

**MANY STATE AGENCIES, PRIVATE ORGANIZATIONS,  
and FAMILIES OF ALUMNI**

**June 25<sup>th</sup>-28<sup>th</sup> 2013**  
**Bowie State University, Bowie, Maryland**

Approximately 30 high school students with disabilities entering one of their final two years of high school OR have just graduated in June 2013 will be selected.

Delegate selection will be based on their accomplishments and leadership potential/qualities.

This exciting and educational four-day training program includes the opportunity to meet with Maryland leaders with or without disabilities, participate in a legislative activity, build new skills for the future, and make new friends.

There will be **no charge** to the selected student delegates. You will live in a college dormitory during the Maryland Youth Leadership Forum.

\*\*\*\*We do ask parents/guardians to provide transportation to and from the University.\*\*\*\*

***Instructions for Application***

- ▶ Please type or print with *black/blue* ink. (With the disk version, enlarge or reformat as needed.)
- ▶ Please use this checklist to make certain your application packet is complete. All questions must be answered and requested attachments provided. Please submit application and all attachments under one cover if possible. ***Incomplete packets will not be considered.***

<b>CHECK LIST FOR RETURNING PACKET!!! (return as soon as possible)</b>	
	Application form (4 pages)
	One Recommendation (may be mailed in separately)
	Essay (3 of 4 questions)
	Independent Living Plan (signed by parent/guardian & applicant)
	Signed Agreement for Rules and Regulations

(You may have assistance and accommodations to complete the packet)

Mail to: **Maryland Youth Leadership Forum**

**Kim Wilhelm**  
**YLF Coordinator**  
Independence Now, Inc.  
12301 Old Columbia Pike Suite 101  
Silver Spring, MD 20904  
Phone: 301-277-2839 x1600  
Fax: 301-625-9777

**Will be held in the June 25<sup>th</sup>-28<sup>th</sup>, 2013**

**Open to Maryland Residents Who Are Attending a Maryland School**

**Deadline for Application: February 28<sup>th</sup>, 2013**

**\*\*No application will be considered after this date**

# Application Form

1. Student's Name \_\_\_\_\_  
Last First Middle Initial

2. Male \_\_\_\_\_ Female \_\_\_\_\_ Date: \_\_\_\_\_

3. Student's Address: \_\_\_\_\_  
Street / PO Box # City State Zip Code

County You Live In: \_\_\_\_\_

4. Student's mailing address, if different than above \_\_\_\_\_  
Street / PO Box # City State Zip Code

5. Student's Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Student's E-mail address: \_\_\_\_\_

7. Parent/Guardian Work/Cell Number: \_\_\_\_\_

8. Parent/Guardian Email address: \_\_\_\_\_

9. Emergency Contact Number: \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

10. Birth date: \_\_\_\_\_  
Month / Day / Year

11. Grade Level this year: \_\_\_\_\_ Date Graduation/Certificate Expected: \_\_\_\_\_

12. Name of High School \_\_\_\_\_

13. County School Is Located In: \_\_\_\_\_

14. High School Contact Name: \_\_\_\_\_  
(Counselor / Transition Coordinator / Special Education Teacher)

15. School Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

16. Please list the school classes in which you are currently enrolled:

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

a. Circle if Applicable: 504 Plan Individualized Education Program (IEP)

b. Current reading grade level: \_\_\_\_\_ c. Are you in Special Education classes? \_\_\_\_\_

\*Open to Maryland Residents who are Attending a Maryland School

17. Ethnic / Disability Information:

(Please note this is a leadership training program for all students with disabilities)

Race / Ethnic Background:  White  Black  Hispanic  Asian  Other

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blind / Visually Impaired                      | <input type="checkbox"/> Deaf / Hard of Hearing   | <input type="checkbox"/> Spinal Cord Injury       |
| <input type="checkbox"/> Learning Disability                            | <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Neuromuscular Disability |
| <input type="checkbox"/> Orthopedic Disability                          |   |   |
| <input type="checkbox"/> Other (such as autism, traumatic brain injury) | _____   |   |

Disability (medical diagnosis) \_\_\_\_\_

**Please check all that apply:**

**Please check or list any accommodations the student uses in school:**

- HEARING:  I use lip reading.  
 I use real time captioning.  
 I use sign language

- WALKING:  I use a wheelchair / scooter.  
 I use a support cane / crutches / walker.  
 I use a mobility cane.  
 I cannot walk up stairs.  
 I cannot walk long distances.

- READING:  I use audiotapes.  
 I use Braille.  
 I use large print.  
 I use low vision aids.

- SPEAKING:  I use an augmentative communications aid.

- WRITING:  I need a scribe.

OTHER: \_\_\_\_\_

18. Will You Need Overnight Personal Care

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\*If you checked yes to overnight personal care, we will send you a form to fill out and return back to us for specific details.

18. School and Community Involvement:

**Note: These areas do not have any effect on acceptance into of Forum.**

Below, please briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities, or work experiences. List the length of involvement, the grade level you were in at the time of participation and the name of the adult with whom you worked. (If filling this application out by hand, use extra sheets if necessary.)

School Activities:

Name of Activity	Adult contact	Dates		Grade Level
		From	To	

Community Activities:

Name of Activity	Adult contact	Dates		Grade Level
		From	To	

Employment Experiences:

Name of Employer	Position	Dates		Grade Level
		From	To	

19. Extracurricular/ Activities/Interests Student would like to be involved with:

20. Career Interest:

# INDEPENDENT LIVING PLAN (ILP)

## FILL OUT AND RETURN

**Consumer's Name:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Staff:** YLF Staff and Kim Wilhelm

**Goal 1:** To attend and complete 2013 Maryland Youth Leadership Forum (YLF). \_\_\_\_\_

**Goal Type:** Self- Advocacy- Self Empowerment \_\_\_\_\_ **Date Set:** \_\_\_\_\_

**Target Date:** 6/28/2013

**Staff Tasks:**

1	<b>To organize an educational training on leadership</b>
2	<b>Provide on-site support during the YLF</b>
3	<b>Act as a resource before and after the YLF</b>

**Consumer Tasks:**

1	<b>Be on time, attend and participate in all sessions</b>
2	<b>Be respectful towards peers, staff and others</b>
3	<b>Follow the rules of the YLF on campus</b>

Consumer's Initials: \_\_\_\_\_ IN's Staff Initials: \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

**Completion Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I have received an explanation of IN's Independent Living (IL) services, the Client Assistance Program (CAP), my rights and responsibilities as a participant, the opportunity to appeal decisions made by IN's staff, the opportunity to express my satisfaction or dissatisfaction with the services received, and the option to waive the development on an Independent Living Plan (ILP).

**Approval of ILP (This means I Agree to the above tasks)**

I understand that the staff of IN will assist me to coordinate existing community services/programs, as well as services offered by the Center, which will enable me to achieve my established goals and objectives. I also understand my goals will be recorded as part of the information retained by my confidential ILS.

**Waiver of ILP**

I knowingly and voluntarily choose not to create and ILP. I understand IN will record goals established through services requested and/or provided to me even though I waived by ILP. I also understand I may create an ILP at a later date.

**Consumer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN's Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **AGREEMENTS:- Sign and Return**

In order to provide a positive, fun, safe learning experience at the Youth Leadership Forum, all delegates will be expected to comply with the following agreements.

Students are selected to attend this forum because of their leadership skills and potential. **Consequently, students are expected to demonstrate their leadership ability, and must:**

1. Be punctual, beginning with your transportation to the University.
2. All delegates are expected to stay on campus for the duration of the Forum. Permission to leave campus will be granted only in extreme circumstances.
3. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.
4. Maintain a respectful attitude toward peers, counselors, and conference staff. Inappropriate behavior will not be tolerated.
5. Respect the facilities (maintaining the condition of dormitory rooms and all other areas) Participants will have to pay for property damage they cause and for lost room keys.
6. When not in assigned groups, male and female participants are restricted to their own assigned rooms at all times. No coed visitation is allowed.
7. Smoking and possession or use of illegal chemicals or alcohol is strictly prohibited. (Prescription or other approved medications require verification and can only be dispensed under supervision by the medical staff.)
8. All other campus residence halls are off limits. It is recommended that cell phones, blackberries, PDA's, ipods, radios, ipads and electronic games should not be brought to the Youth Leadership Forum. If you choose to bring a cell phone, it may only be used before 8:00 AM and after 10:00 PM. In case of Emergency a contact # will be provided for parents/guardians.

We emphasize that delegates are chosen to attend the Youth Leadership Forum because of their leadership potential. Remember the responsibility that goes with the honor of being selected as a delegate . . . and plan to have a great time!

Any violations of these rules will result in students being sent home immediately at parents'/guardians' expense. Your application to the Youth Leadership Forum and signature below will indicate your acceptance of these agreements.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

I am aware of \_\_\_\_\_'s application to serve as a delegate to the **Maryland Youth Leadership Forum 2013**. If he/she is selected as a delegate, I agree to enforce the agreements above.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

## **ATTACHMENTS:**

**Please attach the documents on the next page... The Youth Leadership Forum Committee will use them to determine your leadership potential and to ensure that we include delegates with a variety of experiences. The transition or guidance counselor in your school should be able to provide direction and support with these attachments.**

A. **Essay:** Please respond to three (3) of the following questions. Write or type your responses on separate paper and attach to your completed application packet. Your total response to three questions should not exceed two (2) typewritten double-spaced or handwritten pages.

- 1.) **QUALIFICATIONS:** Explain why you feel you are qualified to be a delegate to this forum and why you want to attend.
- 2.) **POSITIVE INFLUENCES:** Based on your definition of leadership, please tell us about two people who have positively influenced your life. How have they done so? (Family members, teachers, counselors, friends, public officials, or celebrities are appropriate examples)
- 3.) **EXPERIENCES AS A PERSON WITH A DISABILITY –** Describe two important experiences you have had as a young person with a disability. These can be positive or negative experiences. (Please be specific about your example as it relates to your disability.)
- 4.) **FUTURE PLANS –** Describe your plans for after finishing high school.

B. **Recommendation** (ATTACHED ON SEPARATE PAGE)

Please attach **one (1)** recommendation that describes your *demonstrated* leadership skills or your leadership potential. Your recommendation may be from your high school faculty and/or administrative staff, or from a community representative outside of your school (employer, church, youth group, coach, or volunteer coordinator). The recommendation should be attached to your application in a sealed envelope as specified in the *Instructions for Recommendations* (page 8).

List the name, position/title, organization and phone number of the person who is writing the letter.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Other: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

C. **Interview**

**We will be hosting group interviews for applicants depending on your area. YLF Staff will be in touch with you to set up interviews in your area.**

**We will also host a picnic in May for ALL applicants to meet staff, former alumni and meet one on one for an interview. Date for this will be announced.**



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## Deadline for Application: February 28<sup>th</sup>, 2013

LETTER OF RECOMMENDATION:

**THANK YOU FOR AGREEING TO WRITE A RECOMMENDATION FOR THIS STUDENT TO ATTEND THE MARYLAND YLF 2013. PLEASE COMPLETE THIS PAGE AND RETURN TO THE STUDENT IN A SEALED ENVELOPE TO PROTECT THE CONFIDENTIALITY OF YOUR COMMENTS. FEEL FREE TO TYPE YOUR RECOMMENDATION ON A SEPARATE SHEET IF IT IS MORE CONVENIENT FOR YOU.**

**Please Note While Filling out this Recommendation: Applicants can already possess leadership skills, or this forum will give an opportunity to acquire leadership skills.**

reference from the school                       reference from the community

Name of Student: \_\_\_\_\_

1. ***How do you know this student?***

2. ***What has this student done to demonstrate leadership potential within the school or community setting? Please be specific.***

3. ***Describe the personal qualities of this student in your view that show his or her leadership potential. Please provide an example or illustration.***

4. ***How do you think this individual might serve as a role model or leader for other youth with disabilities? Please be specific.***

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

**PHOTOCOPY THIS PAGE AS NEEDED & GIVE TO YOUR REFERENCE**