

## Governor's Council on People with Disabilities (GCPD)

### WE ARE INVITING FUTURE COMMUNITY LEADERS TO ATTEND OUR ANNUAL YOUTH LEADERSHIP FORUM (YLF) FOR STUDENTS WITH DISABILITIES AT THE STATE CAPITOL, COLUMBUS, OHIO

- Up to 40 high school juniors and seniors with disabilities will be selected to attend.
- No charge to selected student delegates (all expenses paid).
- Exciting, fun, educational four-day training program includes meeting in the Governor's Office, tour of the State Capitol, and exciting programs with community leaders and celebrities.

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### HOW STUDENT DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS FOR STUDENTS

(Please keep pages 1 & 2 for your records; do not return them with your application)

1. To be eligible for the Youth leadership Forum, students must:
  - (a) Have a disability
  - (b) Be in the 11th or 12th grade as of December 31<sup>st</sup>, 2008**
  - (c) Have demonstrated leadership potential in school and the community
  - (d) Reside in Ohio
2. Student applicants must mail the completed application packet to the Governor's Council staff office - **postmarked no later than January 31<sup>st</sup>, 2009**. Applicants will receive a letter confirming that their application materials were received.
3. Semi-finalists will be selected and contacted by telephone to arrange a personal interview. The interviews will be conducted by a selection committee. Interviews will take place in February and March of 2009 at sites throughout Ohio.
4. All applicants will be notified by letter whether they are selected to attend the forum or have been declared alternates. (Letters will be mailed by the end of April 2009. About 40 students will be selected to attend.)
5. After being selected, students will be asked to fill out a confirmation form and provide additional information to the Governor's Council staff office.
6. All appropriate expenses will be paid by the Youth Leadership Forum management, including such expenses as lodging, food, interpreters for deaf students, and personal care attendants for students with physical disabilities. However, the Forum does not pay incidental expenses such as the cost of telephone calls. Students are asked to provide their own transportation to and from Columbus. If this is a problem, arrangements can be made for assistance.

## **GENERAL INFORMATION FOR APPLICANTS:**

### **Rules and Guidelines for Student Delegates of the Youth Leadership Forum (YLF)**

In order to provide a fun, safe learning experience at the leadership forum, all delegates will be expected to follow the rules listed below.

**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 abide by the following rules:**

1. Be punctual, with arrival times to the Youth Leadership Forum and all sessions/activities.
2. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.
3. Maintain a respectful attitude toward peers, counselors and conference staff.
4. Respect the facilities (maintaining the condition of sleeping rooms and all other areas).
5. When not in assigned groups, males and females are restricted to their own assigned rooms at all times. No coed visitation allowed.
6. Smoking and possession or use of illegal chemicals or alcohol is strictly prohibited. Prescription or other approved medications require official verification and should only be dispensed under supervision by the medical staff.
7. POSSESSION OF WEAPONS IS STRICTLY PROHIBITED.
8. It is recommended that walkmans, radios, and electronic games not be brought to the forum.

**Any violations of these rules will result in students being sent home immediately at parents'/guardians' expense. Illegal behavior such as possession of weapons will result in law enforcement authorities being contacted. Your application to the Youth Leadership Forum indicates your acceptance of these rules and guidelines.**

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

**Additional information about the Youth Leadership Forum is available on the Governor's Council website: [www.gcpd.ohio.gov](http://www.gcpd.ohio.gov)**

**THE GOVERNOR'S COUNCIL ON PEOPLE WITH DISABILITIES  
YOUTH LEADERSHIP FORUM (YLF) 2009**

**APPLICATION FORM**

**DEADLINE FOR POSTMARK ON MAILED APPLICATION: January 31<sup>st</sup>, 2009**

Students must complete ALL information on pages 3 through 5 of this application.

Please type or print.

Mail the application to the address on page 5.

Please see Page 5 for additional application instructions.

1. Student's name \_\_\_\_\_  

Last
First
Middle
  
2. Student's address \_\_\_\_\_  

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

Street / PO Box #
City
State
County
Zip Code
  
4. Student's home telephone number (include area code) \_\_\_\_\_
  
5. Student's e-mail address \_\_\_\_\_
  
6. Name of High School \_\_\_\_\_
  
7. Grade level on December 31, 2008 \_\_\_\_\_
  
8. School's mailing address \_\_\_\_\_  

Street / PO Box #
City
State
County
Zip Code
  
9. High school counselor's name \_\_\_\_\_
  
10. School's telephone number (include area code) \_\_\_\_\_
  
11. Birth date \_\_\_\_\_ 12. Expected graduation date \_\_\_\_\_
  
13. Please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis):

Onset of your disability (age or date of injury): \_\_\_\_\_

Student's Last Name \_\_\_\_\_

First name \_\_\_\_\_

Check **ALL** descriptions that apply:

- Blind/Visually Impaired
- Deaf/Hard of Hearing
- Learning disability
- Mental Health disability
- Neuromuscular disability
- Orthopedic disability
- Spinal cord Injury
- Other (such as autism, traumatic, brain injury, etc.) \_\_\_\_\_

Check **ALL** the accommodations that you use:

- HEARING:**  I use lip reading.
- I use real-time captioning.
- I use sign language.
- READING:**  I use audiotapes.
- I use Braille.
- I use large print.
- I use low vision aids.
- SPEAKING:**  I use an augmentative communications aid.
- WALKING:**  I use a wheelchair / electric scooter.
- I use a support cane / crutches / walker.
- I cannot walk upstairs.
- I use a mobility cane.
- WRITING:**  I need a scribe.

**OTHER** - Please list any other accommodations that you need:

\_\_\_\_\_

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

\_\_\_\_\_

- a. Cumulative grade point average as it appears on your grade report \_\_\_\_\_
- b. Current reading grade level \_\_\_\_\_
- c. Are you in special education classes?  Yes  No

Student's Last Name \_\_\_\_\_ First name \_\_\_\_\_

15. \*State Senator's name: \_\_\_\_\_ District number \_\_\_\_\_

16. \*State Representative's name: \_\_\_\_\_ District number \_\_\_\_\_

\*Web site for assistance: [www.legislature.state.oh.us](http://www.legislature.state.oh.us) Type in your zip code to find your senator and representative. Please remember that House and Senate districts are numbered differently.

17. Names of Local Newspapers (Please list at least one.)

If you are selected, do you want us to notify your local newspaper?  Yes  No

**18. School and Community Involvement**

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 an adult with whom you worked. (If filling this application out by hand please 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	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Student's Last Name \_\_\_\_\_ First name \_\_\_\_\_

19. **Letters of Recommendation:**

Please attach two letters of recommendation which describes 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 the two people who are writing the letters.

1) Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone #  
(include area code) \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone #  
(include area code) \_\_\_\_\_

20. **Required Essay:**

Your answers to the following questions will be used to assess your readiness to participate in this leadership forum.

**Note:** If filling out by hand, write your responses on separate pieces of paper and attach to your completed application. Your total response to all four questions should **not exceed** four (4) typewritten double spaced or hand-printed 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:** In terms of leadership, 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.)

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 Student's Last Name

First name

- 3) **Experiences as a person with a disability:** Describe two important experiences you have had as a person with a disability. These can be positive or negative experiences. (Please be specific about how your examples relate to your disability.)
- 4) **Future Plans:** Describe your plans for after high school graduation.
21. The following optional information is being requested to insure diversity of delegates at the forum:
- a.  Male       Female
- b. Describe your ethnicity / race (e.g., African American, Asian, Hispanic, etc.):  
\_\_\_\_\_
22. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.
- Application (All questions answered.)
- Two letters of recommendation
- Responses to four essay questions

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 Student's Signature

Date

**Thank you for completing this application.** Please mail the completed application packet to the address below. If you have any questions, please contact:

**YLF Coordinator**  
**Ohio Governor's Council on People with Disabilities**  
**400 East Campus View Blvd., SW3C**  
**Columbus, Ohio 43235-4604**  
**(614) 438-1393 (V/TTY)**  
**(800) 282-4536 ext. 1393**  
**Fax: (614) 438-1257**  
[scott.hinton@rsc.state.oh.us](mailto:scott.hinton@rsc.state.oh.us)