

Student's Last Name

First Name

15. _____
High School Counselor Name

16. () _____
(Area Code) School Telephone Number

17. _____
Current Grade Level

18. _____
Month and Year You Plan to Graduate

19. List some of the school classes you are currently enrolled in:

20. High School Grade Point Average (GPA): _____

21. Current Reading Grade Level: _____

III. Disability Information

22. What is the name of your disability? _____

23. How long have you been a person with a disability? (Date): _____

24. Do you use any assistance in your daily activities (such as reading, writing, eating, walking, speaking, or personal care)? _____

25. Please check **all** that apply (continued on next page):

- DEAF**
- Culturally Deaf
- Deaf
- I use American Sign Language
- I use Lip Reading
- I use Real Time Captioning
- I use an Assistive Listening Device
- Other: _____

- HARD OF HEARING**
- I use American Sign Language
- I use Lip Reading
- I use Real Time Captioning
- I use an Assistive Listening Device
- Other: _____

- BLIND**
- Legally Blind
- I read with Braille
- I read with Large Print
- I use my PC/MAC Software to read
- Other: _____

- LOW VISION**
- I read with Braille
- I read with Large Print
- I use my PC/MAC Software to read
- Other: _____

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MOBILITY DISABILITY

- Cerebral Palsy
- Juvenile Rheumatoid Arthritis
- Osteogenesis Imperfecta
- Multiple Sclerosis
- Muscular Dystrophy
- Spina Bifida
- Spinal Cord Injury
- Spinal Muscular Atrophy
- Other: _____

- I use a manual wheelchair
- I use a motorized scooter
- I use a power wheelchair
- I use a walker
- I use crutches
- Other: _____

DEVELOPMENTAL DISABILITY

- Acquired Brain Injury
- Autistic
- Cerebral Palsy
- Down Syndrome
- Epilepsy
- Traumatic Brain Injury
- Other: _____

- I use a daily assistant
- I use a facilitator
- I use a reader
- I use a writer
- Other: _____

CHEMICAL ENVIRONMENTAL SENSITIVITY DISABILITY

Please describe: _____

OTHER SPECIFIC DISABILITY

Please describe: _____

MENTAL HEALTH

- Anxiety
- Bipolar
- Depression
- Obsessive Compulsive Disorder
- Schizophrenia
- Other: _____

LEARNING DISABILITY

- Attention Deficit Disorder
- Attention-Deficit Hyperactivity Disorder
- Dyslexia
- Visual Perception
- Other: _____

- I use a reader
- I use a writer
- I use specific PC/MAC Software

IMMUNE DISABILITY

- Crohn's Disease
- Grave's Disease
- Multiple Sclerosis
- Psoriasis
- Rheumatoid Arthritis
- Other: _____

CHRONIC ILLNESS

- Cancer
- Cystic Fibrosis
- Diabetes
- Fibromyalgia
- Heart Disease
- Other: _____

IV. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include club memberships, after school activities, or work experiences. List the length of involvement, the time of participation, and the name of an adult contact person you worked with. Remember, you do not have to have a lot of school or community activities to be chosen to attend the Forum. What we are looking for is leadership potential. **If you have not had many opportunities to participate in your school or community but possess leadership qualities, address this in your essay.**

A. Name of Activity: _____

Level of Participation: _____

Dates of Involvement: From _____ To _____

Contact Person: _____
Name (Area Code) Telephone Number

B. Name of Activity: _____

Level of Participation: _____

Dates of Involvement: From _____ To _____

Contact Person: _____
Name (Area Code) Telephone Number

C. Name of Activity: _____

Level of Participation: _____

Dates of Involvement: From _____ To _____

Contact Person: _____
Name (Area Code) Telephone Number

D. Name of Activity: _____

Level of Participation: _____

Dates of Involvement: From _____ To _____

Contact Person: _____
Name (Area Code) Telephone Number

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V. Letters of Recommendation

Please attach two letters of recommendation that describe your demonstrated leadership skills or potential.

- One letter must be from a high school teacher, counselor or administrator, recommended typed on electronic or hard copy school letterhead.
- The other must be from a community representative outside of your school who is not a relative, recommended typed on electronic or hard copy letterhead.

List below the name, position/title, organization, and telephone number of each person submitting the recommendation.

A.

Name	Title
	()
Organization	(Area Code) Telephone Number

B.

Name	Title
	()
Organization	(Area Code) Telephone Number

VI. Additional Information

A.

State Senate Representative's Name	District Number
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B.

State Assembly Representative's Name	District Number
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C.

Names of local newspapers (please list at least one)

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26. Information on Workability I or the Transition Partnership Program (TPP):

If you are currently in a Workability I or Transition Partnership Program (TPP), please list:

Program School/Site: _____

Transition Counselor's Name: _____

Telephone: (_____) _____
(Area Code) Number

Counselor's E-mail: _____

27. Information on Department of Rehabilitation:

If you are currently a client of the State Department of Rehabilitation, please list:

Department of Rehabilitation Office: _____

Department of Rehabilitation Counselor's Name: _____

Telephone: (_____) _____
(Area Code) Number

DOR Counselor's E-mail: _____

28. Information on Regional Centers:

If you are currently receiving services from a Regional Center, please list:

Name of Regional Center: _____

Case Manager's Name: _____

Telephone Number: (_____) _____
(Area Code) Number

Case Manager's E-mail: _____

29. If you are with Workability I or TPP, DOR or RC client, please tell your counselor you are applying for YLF.

VII. Tell Us About Yourself

We would like the opportunity to learn more about you and why you wish to attend the Youth Leadership Forum. In at least 1-2 typed, double-spaced pages (not to exceed four typed, double-spaced pages), please describe why you feel qualified to be a delegate to this forum, why you want to attend, and anything else you would like us to know about you. Please include examples of times you have shown leadership, experiences you may have had as a person with a disability, and plans after high school. Remember, there are no right or wrong answers.

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VIII. Final Preparation

- Please use the checklist below to make certain your application packet is complete. Incomplete applications will not be considered.

Required Items	Completed
1. Application form (7 pages)	<input type="checkbox"/>
2. Two letters of recommendation (Section V)	<input type="checkbox"/>
3. Essay (Section VII)	<input type="checkbox"/>

- Did anyone assist you in completing this application? YES NO

Please specify who: _____

- If you are assisting the student with this application, please be sure they are clear what YLF is and why they want to participate.
- Please keep a copy of the application packet for your records.

Signature of Student

Today's Date

Signature of Parent or Guardian (if student is under 18)

Today's Date

Thank you for completing this application. Please e-mail your application, essay, and any electronic letters of recommendations as attachments to YLFapps@cfilc.org. Print this page only, sign and mail along with any hard copy letters of recommendation to the address below.

Youth Leadership Forum
c/o Dani Anderson
 Department of Rehabilitation
 Workforce Development Section
 721 Capitol Mall
 Sacramento, California 95814

Voice: (916) 558-5407
 Voice: (866) 296-9753
 TTY: (916) 558-5403
 FAX: (916) 558-5402

- How did you receive the YLF application? _____

- How did you hear about YLF? _____

