# 2017 WISCONSIN

**YOUTH LEADERSHIP**

**FORUM (YLF)**



*Leadership training and career awareness program for*

*high school students with disabilities*



A Project of

Wisconsin Board for People with Developmental Disabilities

 

The Wisconsin Youth Leadership Forum (YLF) is a week-long leadership training and career awareness program for high school students with disabilities. It provides training in leadership, self-advocacy skills, and career awareness to approximately 30 students with disabilities from throughout the state of Wisconsin. YLF is a project of the Wisconsin Board for People with Developmental Disabilities.

#### The Wisconsin Youth Leadership Forum is for:

* Students who show leadership potential by being active in their school and community
* Students who have a disability (physical, learning, cognitive, emotional, sensory, etc.)
* Wisconsin residents
* Students who are currently sophomores, juniors or seniors

#### Why Attend the Youth Leadership Forum?

* To give you a place to meet other students your age who are experiencing similar issues and concerns,
* To help you increase your leadership skills so you can further your future goals and reach them,
* To assist you in becoming a leader in your school and community.

#### **WHERE:** Edgewood College, Madison, WI

**WHEN:** July 9 – 14, 2017

**COST:** FREE\*

* There is NO CHARGE to attend the YLF. General program expenses are paid for by YLF sponsors.

#### If I’m interested, what do I do next?

* + Complete the application
  + Get 3 letters of recommendation that highlight your leadership skills
  + Complete two essay questions (included in the application packet)

Submit your application by Friday, April 7, 2017.

If you have questions or for more information about YLF contact John Shaw at [John1.Shaw@wisconsin.gov](mailto:John1.Shaw@wisconsin.gov) or 608-266-7707

To find out more information about YLF go to: <http://www.wi-bpdd.org/projects/YouthLeadershipForum.cfm>

 

**Frequently Asked Questions**

(Keep this page for your information)

* **When is the application due?**

Your application must be **postmarked** no later than **Friday, April 7, 2017.** Mail it to John Shaw at WI BPDD, 101 E. Wilson St., Room 219, Madison, WI 53703 or email it to [john1.shaw@wisconsin.gov](mailto:john1.shaw@wisconsin.gov).

* **What should I do if I need help filling out the application?** Ask a friend, sibling, parent/guardian, teacher or feel free to contact John Shaw at (608) 266-7707 or [john1.shaw@wisconsin.gov](mailto:john1.shaw@wisconsin.gov).

### How do you decide who is invited to attend?

Applications will be scored by a panel of judges. The scores will be averaged and the top thirty students will be invited to attend the Forum. An additional ten students will be selected as alternates.

* **When will I know if I was selected?**

**All** applicants will be notified by letter as to whether or not they were selected to attend the Forum by the end of **April 2016**.

* **What happens if I’m selected?**

You will need to fill out a confirmation form and provide additional information to the Forum such as health insurance, accommodations you may need, etc.

* **Do I have to pay to attend the YLF?**

No, the cost for attending YLF is paid for through donations and sponsors. Your food, lodging and materials are paid for through the program. After you have completed the YLF, we would like you to talk to a service club (eg. Lions Club, Rotary, Kiwanis, etc.) in your community about your experience and ask them to support someone else who would like to attend in the future. This type of assistance will help you use your leadership skills immediately and will ensure the YLF continues for many years.

**Being selected to attend the YLF is a distinct honor that you can be very proud of. Please take the time to apply – you’ll have the time of your life!**

 

# Wisconsin Youth Leadership Forum (YLF) Application

## For High School Students with Disabilities

**July 9 – 14, 2017 at Edgewood College, Madison, WI**

**Applicant**

Student’s Full

**Name: Click here to enter text. Click here to enter text. M.I**

*Last* *First* *M.I.*

Residence

Birth

**Date: Click here to enter text.**

**Address: Click here to enter text. Click here to enter text.**

*Street Address Apartment/Unit #*

|  |  |  |
| --- | --- | --- |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| *City* | *State* | *ZIP Code* |

|  |  |
| --- | --- |
| **Mailing Address**  **(if different from above):** | |
| **Click here to enter text.** | **Click here to enter text.** |
| *Street Address* | *Apartment/Unit #* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Click here to enter text.** |  | **Click here to enter text.** | **Click here to enter text.** |
|  | *City* |  | *State* | *ZIP Code* |
| **Home Phone:** | **Click here to enter text.** | **Email:** | **Click here to enter text.** |  |

**I check my email regularly?** YES ☐ NO ☐

**School**

|  |  |
| --- | --- |
| **Name of High School:** | **Click here to enter text.** |
| **School Mailing Address:** | **Click here to enter text.** |

*Street Address*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Click here to enter text.** |  | **Click here to enter text.** | **Click here to enter text.** |
|  | *City* |  | *State* | *ZIP Code* |
| **School Phone:** | **Click here to enter text.** | **School Counselor’s Name:** | **Click here to enter text.** |  |

Grade Level on January 1, 2017:

**Click here to enter**

text. Expected Graduation Date (Month/Year):

**Click here to enter text.**

**Please tell us about your plans for after you graduate from high school *(use additional pages if necessary):***

Click here to enter text.

**Other**

If you are currently a client of the Division of Vocational Rehabilitation (DVR), please list:

|  |  |
| --- | --- |
| Rehabilitation Counselor’s Name: | **Click here to enter text.** |
| Rehabilitation Counselor’s Phone: | **Click here to enter text.** |

|  |  |
| --- | --- |
| **State Senate**  **Representative’s Name: Click here t** | **o enter text.** |
| District Number: **Click here to enter text.** | |
| **State Assembly**  **Representative’s Name: Click here t** | **o enter text.** |
| District Number: **Click here to enter text.** | |
| **Name of Local Newspaper(s) (*please list at least one*):**  Click here to enter text. | |

*Newspaper* ***1***

Click here to enter text.

*Street Address*

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| *City* | *State* | *ZIP Code* |

Click here to enter text.

*Newspaper* ***2***

Click here to enter text.

*Street Address*

Click here to enter text. Click here to enter text. Click here to enter text.

*City* *State* *ZIP Code*

**School and Community Involvement**

Below, please briefly list your involvement with your school and community. This may include:

|  |  |
| --- | --- |
| * club memberships | * offices you held |
| * work or volunteer experiences | * after school activities |

List the name of the activity, the dates you were involved, the name of an adult you worked with, and the grade level you were in at the time of participation (*use additional pages if necessary*).

School Activities:

Name of

Activity **1**: **Click here to enter text.** Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

Name of

Activity **2**: **Click here to enter text.** Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

Name of

Activity **3**: **Click here to enter text.** Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

Community Activities:

Name of

Activity **1**: **Click here to enter text.** Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

Name of

Activity **2**: **Click here to enter text.** Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

Name of

Activity **3**: **Click here to enter text.**Dates: **Click here to enter text.**

Adult

Grade

Contact: **Click here to enter text.** Level: **Click here to enter text.**

**Letters of Recommendation**

Please provide three letters of recommendation from individuals who can describe your leadership skills and leadership potential.

* At least two letters must be from persons **NOT** related to you

Please list those individuals contact information below and include: name, position or title, phone number, company or organization, and relationship to applicant.

Position

Name: **Click here to enter text.** or Title: **Click here to enter text.**

Company or

Phone: **Click here to enter text.** Organization: **Click here to enter text.**

Relationship to applicant: **Click here to enter text.**

Position

Name: **Click here to enter text.** or Title: **Click here to enter text.**

Company or

Phone: **Click here to enter text.** Organization: **Click here to enter text.**

Relationship to applicant: **Click here to enter text.**

Position

Name: **Click here to enter text.** or Title: **Click here to enter text.**

Company or

Phone: **Click here to enter text.** Organization: **Click here to enter text.**

Relationship to applicant: **Click here to enter text.**

**Required Essays**

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

* Write or type your responses in separate document and attach it to your completed packet
* Your total response may not exceed one typewritten, double-spaced page, per question
* Alternative formats are welcome. Please limit video or audiotapes to no more than 6-8 minutes per question.

1. The Youth Leadership Forum is designed to teach you skills to increase the leadership potential you already possess. If you are selected to represent your school and community at the YLF, what is one community or educational issue you would like to see improved or put into action in your hometown? Examples of such issues could include: accessibility barriers and creating disability awareness.

Click here to enter text.

1. What is one thing you have done in your life that you are really proud of? What did this experience teach you about leadership?

Click here to enter text.

**Finish**

How or from who (name and title) did you obtain this application from?

Click here to enter text.

Applicant Signature:



**Click here to enter text.**

**Date:Click here to enter text.**

Please keep a photocopy for your records. Application materials and applications using alternative formats will not be returned.

**Applications are due on Friday, April 7, 2017.**

Mail or email completed applications to:

John Shaw - YLF

101 East Wilson St., Rm. 219

Madison, WI 53703

(608) 266-7707

[john1.shaw@wisconsin.gov](mailto:wisconsinylf@gmail.com)



### For more information, see <http://www.wi-bpdd.org/projects/YLF/index.cfm>