Youth Leadership Forum

Transition Services Liaison Project
www.tslp.org

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YLF 2022 APPLICATION FORM INSIDE!!
Tell Me More, Tell Me More!

Are you . . . . .
♦ A youth with a disability?
♦ Interested in leadership training?
♦ Interested in learning about self-advocacy?
♦ Interested in education and employment after high school?
♦ Interested in having fun?

If so, YLF is for you!

What YLF alumni say . . . . .

· “I will remember YLF for the rest of my life—all you guys changed my life!”

- “For once, I felt accepted!”

· “Thank you YLF for all that you teach & all that you inspire!”

- “No one judges you at YLF—because YOU ARE SOMEONE!”

What is the Purpose of YLF?
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. Approximately 40 students throughout South Dakota are selected each year.

The Youth Leadership Forum enables young adults who have a disability to learn from each other and from successful adults with disabilities who are recognized leaders and role models. Students learn more about their own disability and others’ disabilities, analyze their own strengths and weaknesses and gain skills to become a self-determined individual. They also learn different leadership styles, the legislative process, disability laws, and much more! Students gain the power to reach their post-secondary goals in education, employment and independent living.

Is there a cost to attend?
No. The commitment of the YLF is to empower youth to grow personally, socially, and academically. No student should be denied this opportunity because of economic hardship. All costs, including transportation, are paid for through public and private donations.

Where do the students sleep while at YLF?
Delegates stay in dormitory suites on the NSU Campus. Males and females are separated and YLF leaders supervise students while at the dorm. A night time security guard is also present.

What happens if the student needs medical attention?
There is 24-hour nursing care available. Two nursing staff are on-site at the dorm overnight and also during all daytime activities.

What does a typical day look like at YLF?
The day generally starts with breakfast at 8:00 am in the college cafeteria. Large group presentations, hands-on activities, educational games, and small group activities fill the day hours. Every evening a special event, such as a picnic, dance, park activity, etc. is planned. The day ends with some free time, with delegates in their dorm rooms and lights out at 10:30 pm.

Is YLF a safe place?
YLF delegates are never alone. Delegates are divided into 4 teams, with each team having 3 leaders present to supervise and assist with whatever need the delegate may have. Delegates go to and from all activities in groups.

Activities are developed for ALL to participate & enjoy!
Type or print neatly. Remember, a NEAT application makes a favorable first impression!

- You may have whatever assistance you need to complete this application.
- Audio or video applications are accepted, provided all information is included.
- You may dictate your answers to someone and they complete the form with you.

**Being selected to attend YLF is a distinct honor that you can be proud of.**

Please take the time to apply—**You’ll have the time of your Life!!!**

**STUDENT INFORMATION**

Name ____________________________________________________________

Nickname ____________________________ Sex  M____ F____  Birthdate ___/___/___

Cell Phone #_________________________  Home Phone #_________________________

Email Address __________________________

Home Address _________________________________________________

City ___________________________  State _____   ZIP Code ________________

Parent/legal guardian name

______________________________________________________________

Are you a consumer of the SD Vocational Rehabilitation Services—either Division of Rehabilitation Services (DRS) or Service to the Blind & Visually Impaired (SBVI)?  

_____  If so, please list your counselor’s name. _________________________________

How did you hear about YLF? (circle)

Teacher    VR Counselor    Parent    Friend    Other

**SCHOOL INFORMATION**

Name of School ___________________________  City, State, Zip Code ____________________

School telephone #_________________________  School Grade _______

Year of Graduation ___________  HS Special Ed Teacher ______________________________
### SCHOOL and COMMUNITY INVOLVEMENT

Please list school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during your high school years.

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<th>ACTIVITY/ORGANIZATION</th>
<th>GRADE IN SCHOOL</th>
<th>ADULT CONTACT</th>
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### EMPLOYMENT EXPERIENCE

Do you currently have a job?  ____Yes  ____ No  If so, how many hours per week do you work?  ______

Are you involved with the Project Skills program?  _____Yes  ________ No

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<th>EMPLOYMENT SITE</th>
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<th>DATES WORKED</th>
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SHORT ANSWER QUESTIONS: (Answers may be submitted via audio file or thumb drive, if necessary. If needed, attach a piece of paper to complete the questions.)

1. Tell us a little about yourself. (some of your interests, hobbies, your family, etc)

___________________________________________________________________
___________________________________________________________________
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2. Share with us an important experience you have had as a young person with a disability.

___________________________________________________________________
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___________________________________________________________________
SHORT ANSWER CONT.

3. What 3 things concern you most about your future?
   1. _____________________________________________________________
   2. _____________________________________________________________
   3. _____________________________________________________________

4. Who do you look up to? (Tell us about a person who has positively influenced your life and why.)
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

DELEGATE INFORMATION (This information allows us to select a diverse group of delegates.)
Please check all that apply.

- _____ Autism Spectrum Disorder
- _____ ADHD
- _____ Intellectual Disability (Cognitive Impairment)
- _____ Traumatic Brain Injury (TBI)
- _____ Blind/visually Impaired
  - _____ I read with Braille
  - _____ I read with large print.
- _____ Deaf/Hard of Hearing
  - _____ I use sign language.
  - _____ I read lips.
- _____ Learning Disability
  - _____ Reading
  - _____ Math
  - _____ Written Expression
- _____ Mental Health
  - _____ Depression
  - _____ Anxiety
  - _____ Bipolar Disorder
- _____ Neuromuscular/Orthopedic
  - _____ I use a wheelchair.
  - _____ I cannot walk upstairs.
  - _____ Long distances are hard.
- _____ Multiple Disabilities (please list)

ADDITIONAL INFORMATION
In your own words, please describe how your disability affects you at school and at home.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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_____________________________________________________________________
PERSONAL REFERENCE FORMS

Select two individuals to provide references for you. The criteria for selecting your personal references are:

- must be over the age of 21 and
- not related to you
- 1 individual from your school, and
- 1 individual from your community (Employers make good references)

Have your references complete the enclosed reference forms and mail them with your application.

Additional Information:

- All applicants will be interviewed in January-February 2022. Transition liaisons will call the school or student to schedule an appropriate time. For contact info on your local transition liaison, go to www.tslp.org.

- All applications are reviewed by a selection committee, and students will receive written notice in March of whether they are accepted or not.

- Students will be receiving a letter by March 30, 2022 stating whether they are selected or not. If selected, students will need to fill out additional forms, and additional information will be provided.

- If selected, all appropriate expenses will be paid for by YLF; including travel, lodging, food, Interpreters, and/or personal assistants as needed.

Thank you for completing this application.
If you have any questions, please contact Dan Rounds at (605) 494-3618

Please mail completed application (including two completed reference forms) by December 23, 2021 to:

Youth Leadership Forum
Black Hills Special Services
221 S. Central Ave., Suite 33
Pierre, SD 57501

Check out YLF video at www.tslp.org/events
REFERENCE FORM
(Please give to reference)

APPLICANT INFORMATION
PLEASE PRINT NEATLY
Name: ___________________________________________________________________________
City: __________________________ State __________ Zip Code ________________

FOR THE INDIVIDUAL PROVIDING REFERENCE INFORMATION
Youth Leadership Forum is a week-long leadership training and career awareness program for high school students with disabilities. YLF enables young adults to learn from each other and from successful adults with disabilities who are recognized leaders and role models. YLF will be held on Northern State University campus, June 5 – 9, 2022.

The person named above has applied for the SD Youth Leadership Forum. The Committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help. Please return this form to the applicant so he can submit it with his completed application by December 23, 2021.

Name of Reference: ______________________________________________________________ Position/Title: __________
School/Firm/Organization: __________________________________________________________ Phone Number: __________

INFORMATION

1. For how long and in what capacity have you known the applicant?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

2. What do you consider the applicant’s primary talents or strengths?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

3. Comment on the applicant’s relationships with his or her peers:
_______________________________________________________________________________________
_______________________________________________________________________________________
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_______________________________________________________________________________________
4. Please use the scale below to compare the applicant with other high school students you have known. Place a X in the column that best describes your knowledge of the applicant.

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<th>Character</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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5. Please comment generally on the applicant’s ability to communicate with others, his or her behavior in a group setting (participant or observer?), interest in community affairs and potential for becoming a community leader. Attach an additional sheet if necessary.

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__________________________________________________________        _____/_____/____
Signature of Reference                     Date
REFERENCE FORM  
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APPLICANT INFORMATION
PLEASE PRINT NEATLY

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City: __________________________________ State: ____________ Zip Code: ____________

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Signature of Reference ____________________________ Date ______/____/_____