# Kansas YOUTH LEADERSHIP FORUM



### **KSYLF DELEGATE APPLICATION FORM**

DEADLINE FOR POSTMARK ON MAILED APPLICATION: FEBRUARY 2, 2018

- Students must complete ALL information on pages 1 through 4 of this application.
- Please type or print with black ink.
- Mail the application to the address on the last page (page 4).
- Please see Fact Sheet for additional application instructions.

١.				4	z. iviale	Female	
	Student's Last Name	First	M	liddle			
3.							
	Residence Address	City	State	Zip	)		
4.							
	Mailing Address (if different	than above)	City	State	Zip		
5.	()		6				
	(Area code) Home Telepho	ne number	Name of H	High School			
7.							
	Grade level on postmark da	ate above					
8.							
	School Mailing Address	City	State	Zip			
9	()		10.				
<b>.</b>	(Area Code) School Telep			Date Grad	uation Exp	ected	-
11	Rirthdate	12 F-m	ail				



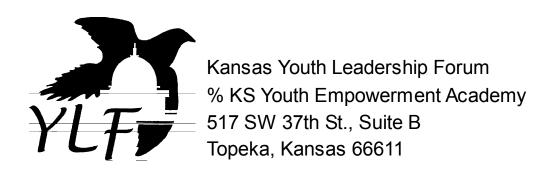
A program of the Kansas Youth Empowerment Academy...

We're working for YOUth!

## 13. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities, volunteer or work experiences.

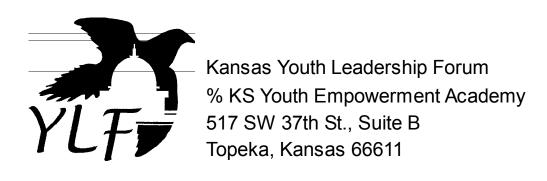
School Activities:		
Organization/Activity	<u>Dates</u> (From when to when)	Grade Level at the Time
Community/Volunteer or Work Activitie	es:	
Name of Activity	<u>Dates</u> (From when to when)	Grade Level at the Time
14. Please list the name and contact (such as Lions, Kiwanis, or Optimis	_	ation in your community
	•	one
ClubContact	tPh	one
ClubContact	Job Interest(s)	
ClubContact  15. Please list your future Career or a local busi	Job Interest(s)iness or contact person in y	our area that works in
ClubContact  15. Please list your future Career or a local busi your chosen career interest:  Business / Person	Job Interest(s)iness or contact person in y	our area that works in
ClubContact  15. Please list your future Career or a  16. Please list the name of a local busi your chosen career interest:  Business / Person	Job Interest(s)  iness or contact person in y  Phone  18.	our area that works in
ClubContact  15. Please list your future Career or a local business / Person  State Senate Representative's Name	Job Interest(s)  iness or contact person in y  Phone  18.  State House Reas Rehabilitation Services?	cour area that works in epresentative's Name
ClubContact  15. Please list your future Career or a local business / Person  State Senate Representative's Name late. Are you currently working with Kansa	Job Interest(s) iness or contact person in y Phone  18  State House Reseas Rehabilitation Services? Phone Phone ordinator at your school?	our area that works in  epresentative's Name YesNo number



# **REFERENCE FORM**

TO THE APPLICANT			
PLEASE PRINT OR TYPE			
Name (Last)	(First)	(Middle)	
City	State	Zip Code	
The Kansas Youth Leadership Ford	um Selection Committe	ee must receive this form by F	ebruary 2.
The comments will be used for Kansas	Youth Leadership Forum	selection purposes only.	
Permission: I hereby request that you Leadership Forum.	complete and furnish thi	s reference information to the Ka	insas Youth
Student or	Parent Signature		
TO THE REFERENCE			
The person named above is an applica	ant for the Kansas Youth	Leadership Forum. The Selection	Committee
attaches considerable weight to the st	atements made by the re	eferences of the applicant. The C	ommittee is
mindful of the time necessary to prepare	e this reference and grate	fully acknowledges your help.	
Please return this form by February 2 to			
Name of Reference			
Position/TitleSchool/Firm/Organization			
Mailing Address			
Phone Number			
INFORMATION			
1. For how long and in what capacity have	you known the applicant?		
2. What do you consider the applicant's p	orimary talents or strengths	s?	

	Excellent	Good	Average	Poor	Unable to Judge
Character	LAGGIIGH	0000	Average	1 001	Onable to stuge
Concern for others					
Responsibility					
Leadership					
Self-Initiative					
Curiosity					
Ability to work with others					
Maturity					
Communication Skills					
Determination					
Interest in community affairs					
Please comment generally of behavior in a group setting potential for becoming a	g (participan	t or obse	rver?), inter	est in co	mmunity affairs a



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The comments will be used for Kans	sas Youth Leadership Forum	selection purposes only.	
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Leadership Forum.			
Stude	nt or Parent Signature		
TO THE REFERENCE			
The person named above is an app	plicant for the Kansas Youth	Leadership Forum. The Selection Comm	nittee
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Please return this form by February	2 to the Kansas Youth Leade	ership Forum at the above address.	
Name of Reference			
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INFORMATION			
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	Excellent	Good	Average	Poor	Unable to Judo
Character					
Concern for others					
Responsibility					
Leadership					
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Determination					
Interest in community affairs					
lease comment generally ehavior in a group settin otential for becoming a	g (participan	t or obse	ver?), inter	est in cor	mmunity affairs

21. C	Onset of your disability (date)//	
C	CHECK ALL THAT APPLY:	
	DEAF/HARD OF HEARING MENTA	AL HEALTH DISABILITY
	BLIND/VISUAL DISABILITY NEUR	O/MUSCULAR DISABILITY
	ORTHOPEDIC DISABILITY LEARN	NING DISABILITY
	DEVELOPMENTAL DISABILITY OTHE	R- describe:
	Please tell us what your disability is and describe it in you sure that we include delegates with a diversity of disabilities	
^	Please specify your ethnicity:  _African American American Indian Asian of the control	
	Current Reading Grade Level (If I you in getting this information)	necessary, ask a teacher to assist
S	Letters of References  Select two individuals to provide references for you. The age of 21 and not related to you. Have them complete and mail them with your application.	
Ir to e	Tell Us Your Story In order to determine your readiness to participate in this to the questions below. You may submit your response essay, videotape, or audiotape). Your total responses to (2) typewritten, double-spaced pages, or five	es in a format of your choice (written these topics should not exceed two
('	(1) QUALIFICATIONS - What haved you learned from	having a disability?

people who have positively influenced your life. Why? (Families, teachers, counselors,

(2) POSITIVE INFLUENCE - In terms of leadership, please tell us about two

friends, public officials or celebrities are appropriate examples.)

27. Please use the checklist below to make certain your application packet is complete.

All questions must be answered and requested letters and information provided.

Required Items	Enclosed
1. Application form (4 pages)	
2. Two completed reference forms	
3. Written or taped response to two topics	
Signature of Student	Date

**Thank you for completing this application.** If you have any questions, please contact the KYEA office at 785.215.6655 or e-mail: carrieg@kyea.org. Further information, as well as this application, can be found on the KSYLF section of the KYEA website: www.kyea.org/ksylf.

#### Please mail the completed application to:

Kansas Youth Leadership Forum

% KS Youth Empowerment Academy
517 SW 37th St., Suite B
Topeka, Kansas 66611



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Postage paid by KSDE- 652 T402