

Kansas YOUTH LEADERSHIP FORUM

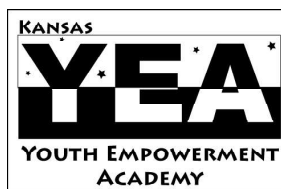


KSYLF DELEGATE APPLICATION FORM

DEADLINE FOR POSTMARK ON MAILED APPLICATION:
FEBRUARY 7, 2020

- 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.

1. _____ 2. Male ___ Female ___
Student's Last Name First Middle
3. _____
Residence Address City State Zip
4. _____
Mailing Address (*if different than above*) City State Zip
5. (_____) _____ 6. _____
(Area code) Home Telephone number Name of High School
7. _____
Grade level on postmark date above
8. _____
School Mailing Address City State Zip
9. (_____) _____ 10. _____
(Area Code) School Telephone number Date Graduation Expected
11. Birthdate _____ 12. E-mail _____



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:

<u>Organization/Activity</u>	<u>Dates</u> (From when to when)	<u>Grade Level at the Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community/Volunteer or Work Activities:

<u>Name of Activity</u>	<u>Dates</u> (From when to when)	<u>Grade Level at the Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. **Please list the name and contact person of a civic organization in your community** (such as Lions, Kiwanis, or Optimist Clubs, etc.)

Club _____ Contact _____ Phone _____

15. **Please list your future Career or Job Interest(s)** _____

16. **Please list the name of a local business or contact person in your area that works in your chosen career interest:**

Business / Person _____ Phone _____

17. _____ 18. _____
State **Senate** Representative's Name State **House** Representative's Name

18. Are you currently working with Kansas Rehabilitation Services? ____ Yes ____ No
Who is your VR counselor? Name _____ Phone number _____

19. Are you working with a transition coordinator at your school? ____ Yes ____ No
What is their name? Name _____ Phone number _____

20. Please tell us who gave you this application:
Name _____ Relationship to You _____



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

REFERENCE FORM

TO THE APPLICANT

PLEASE PRINT OR TYPE

Name (Last) _____ (First) _____ (Middle) _____

City _____ State _____ Zip Code _____

The Kansas Youth Leadership Forum Selection Committee must receive this form by February 7.

The comments will be used for Kansas Youth Leadership Forum selection purposes only.

Permission: I hereby request that you complete and furnish this reference information to the Kansas Youth Leadership Forum.

Student or Parent Signature _____

TO THE REFERENCE

The person named above is an applicant for the Kansas Youth Leadership Forum. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

Please return this form by February 7 to the Kansas Youth Leadership Forum at the above address.

Name of Reference _____

Position/Title _____

School/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 primary talents or strengths? _____

3. Comments on the applicant's relationships with his or her peers _____

4. Please use the scale below to compare the applicant with other high school students you have known.

	Excellent	Good	Average	Poor	Unable to Judge
Character					
Concern for others					
Responsibility					
Leadership					
Self-Initiative					
Curiosity					
Ability to work with others					
Maturity					
Communication Skills					
Determination					
Interest in community affairs					

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.

Signature of Reference

_____/_____/_____
Date



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Signature of Reference

_____/_____/_____
Date

21. Onset of your disability (date) _____/_____/_____

CHECK ALL THAT APPLY:

_____ DEAF/HARD OF HEARING

_____ MENTAL HEALTH DISABILITY

_____ BLIND/VISUAL DISABILITY

_____ NEURO/MUSCULAR DISABILITY

_____ ORTHOPEDIC DISABILITY

_____ LEARNING DISABILITY

_____ DEVELOPMENTAL DISABILITY

_____ OTHER- describe: _____

22. Please tell us what your disability is and describe it in your own words. This information will ensure that we include delegates with a diversity of disabilities.

23. Please specify your ethnicity:

_____ African American _____ American Indian _____ Asian or Pacific Islander _____ Hispanic

_____ White _____ Other: please specify _____

24. Current Reading Grade Level _____ (If necessary, ask a teacher to assist you in getting this information)

25. **Letters of References**

Select two individuals to provide references for you. These individuals must be over the age of 21 and not related to you. **Have them complete the attached reference forms and mail them with your application.**

26. **Tell Us Your Story**

In order to determine your readiness to participate in this leadership forum, please respond to the questions below. You may submit your responses in a format of your choice (written essay, videotape, or audiotape). Your total responses to these topics should not exceed two (2) typewritten, double-spaced pages, or five minutes of taped response.

(1) QUALIFICATIONS - What have you learned from having a disability?

(2) POSITIVE INFLUENCE - In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, 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:

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