

# Kansas YOUTH LEADERSHIP FORUM



## KSYLEF DELEGATE APPLICATION FORM

DEADLINE FOR POSTMARK ON MAILED APPLICATION:  
DECEMBER 15

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

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Student's Last Name First Middle Birthdate
3. Male \_\_\_\_\_ Female \_\_\_\_\_ 4. Preferred Pronouns (circle one): she/her he/him they/them
5. \_\_\_\_\_  
Residence Address City State Zip
6. \_\_\_\_\_  
Mailing Address (if different than above) City State Zip
7. (\_\_\_\_\_) \_\_\_\_\_ 8. \_\_\_\_\_  
(Area code) Student Cell Phone Number Student E-mail
9. (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_ Cell \_\_\_\_\_ Landline  
(Area code) Parent/Guardian Phone Number Parent/Guardian Type of Phone (check one)
10. \_\_\_\_\_  
Parent/Guardian E-mail
11. \_\_\_\_\_  
Name of High School
12. \_\_\_\_\_  
School Mailing Address City State Zip
13. \_\_\_\_\_ 14. \_\_\_\_\_  
Grade level on postmark date above Date Graduation Expected



A program of the  
Kansas Youth Empowerment Academy...  
*We're working for YOUth!*

**15. 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>
_____		
_____		
_____		

16. Please list your future top 3 Career or Job Interest(s) (*with 1 being your top choice*):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_

17. Please list the name of a local business or contact person in your area that works in your number 1 chosen career interest above:

Business / Person \_\_\_\_\_ Phone \_\_\_\_\_

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18. Are you currently working with Kansas Rehabilitation Services? (*check all that apply below*)

\_\_\_\_\_ Vocational Rehabilitation - Name of VR Counselor: \_\_\_\_\_  
\_\_\_\_\_ Pre-Employment Transition Services -  
Name of Pre-ETS Specialist: \_\_\_\_\_  
\_\_\_\_\_ I am not working with Kansas Rehabilitation Services.

19. Are you working with a transition coordinator at your school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Transition Coordinator Name \_\_\_\_\_ Phone number \_\_\_\_\_

20. Please tell us who gave you this application:

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

21. Onset of your disability (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CHECK ALL THAT APPLY:**

\_\_\_\_ DEAF/HARD OF HEARING

\_\_\_\_ MENTAL HEALTH DISABILITY

\_\_\_\_ BLIND/VISUAL DISABILITY

\_\_\_\_ LEARNING DISABILITY

\_\_\_\_ PHYSICAL DISABILITY

\_\_\_\_ CHRONIC HEALTH DISABILITY

\_\_\_\_ INTELLECTUAL/  
DEVELOPMENTAL DISABILITY

\_\_\_\_ TRAUMATIC BRAIN INJURY

\_\_\_\_ OTHER- describe: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Please specify your ethnicity (*select all that apply*):

\_\_\_\_ 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*)

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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, video, or audio recording). Your total responses to these topics should not exceed two (2) typewritten, double-spaced pages, or five minutes of recorded response.

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

**(2) 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 recorded response to two topics	

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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**Thank you for completing this application.** If you have any questions, or need help completing this application, please contact the KYEA office at 785.215.6655 or e-mail: [carrieg@kyea.org](mailto: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](http://www.kyea.org/ksylf).

**Please mail the completed application to:**

Kansas Youth Leadership Forum  
% KS Youth Empowerment Academy  
2220 SE 29th St., Suite B  
Topeka, Kansas 66605



**KS Youth Empowerment Academy**  
**2220 SE 29th St., Suite B**  
**Topeka, KS 66605**  
*Postage paid by KSDE- 652 T402*



Kansas Youth Leadership Forum  
 % KS Youth Empowerment Academy  
 2220 SE 29th St., Suite B  
 Topeka, Kansas 66605

## 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 December 15.

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/Guardian 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 December 15 to the Kansas Youth Leadership Forum at the above address.

Name of Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Firm/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### 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? \_\_\_\_\_

Please detach and give to reference

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					
Motivation					
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 leader. Attach an additional sheet if necessary.

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



Kansas Youth Leadership Forum  
% KS Youth Empowerment Academy  
2220 SE 29th St., Suite B  
Topeka, Kansas 66605

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### INFORMATION

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date