

**VIRTUAL Regional Youth Leadership Forum (YLF) 2021**



**North East, OHIO  
Student Delegates Application Form  
  
Application Deadline is *EXTENDED!!*:**



**New Deadline: May 10th, 2021**

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| 1. **Personal Information** | | | | | | | | | | | | |
| Student’s first name: | | | Last Name: | | | | | | | Middle: | | |
| Date of birth: | | | Age: | | | | | | | | | |
| Student’s mailing address: | | | | | | | | | | | | |
| Student’s phone number: | | | | Student’s e-mail address: | | | | | | | | |
| Parent’s phone number: | | | | Parent’s email address: | | | | | | | | |
| 1. **School Information** | | | | | | | | | | | | |
| Name of high school: | | | | | | | | Grade level on December 31, 2020: | | | | |
| School address: | | | | | | School telephone number (include area code): | | | | | | |
| High school Intervention Specialist/Counselor’s name:  email address: | | | | | | | | | | | | |
| 1. **Disability Information** | | | | | | | | | | | | |
| Disability (medical diagnosis): | | | | | | | | | Age at or date of onset of your disability: | | | |
| Are you a current OOD (*BVR/BSVI*) consumer?  Yes  No | | | | | If yes, your BVR/BSVI counselor’s name: | | | | | | | |
| STUDENTS MUST BE ELIGIBLE FOR OOD SERVICES IN ORDER TO PARTICIPATE IN YLF**. YOU MUST APPLY TO OOD BY MAY 22nd** | | | | | | | | | | | | |
| LEAP can help with your OOD application. Call Maria Wolf at 216-696-2716 ext. 823 | | | | | | | | | | | | |
| Are you a current DD County Board consumer?  Yes  No | | | | | If yes, your SA or Intake Navigator’s name: | | | | | | | |
| 1. **Extra-Curricular, Community Activities** Below, please list your involvement with your school and/or community. This may include any offices you held, club memberships, after school activities.   List the length of involvement, grade level you were in at the time of participation. | | | | | | | | | | | | |
| Name of Activity | | Adult Contact | | | | | Date From | | | | Date  To | Grade Level |
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| 1. **Employment Experiences** Below, please list your involvement with working. List the length of employment and grade level you were in at the time of participation. | | | | | | | | | | | | |
| Employer | From – To (Dates) | | | | | | | | Grade | | | |
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| 1. **Recommendations** | | | | | | | | | | | | |
| Please list one or two people who you have asked to recommend you for participation in YLF. These individuals should be able to describe your demonstrated leadership skills or leadership potential. **Attach their recommendation to this application.** | | | | | | | | | | | | |
| 1. Name | | | | Title | | | | | | | | |
| Organization or business | | | | Telephone #  (include area code) | | | | | | | | |
| 1. Name | | | | Title | | | | | | | | |
| Organization or business | | | | Telephone #  (include area code) | | | | | | | | |
| 1. **Questions for Qualification** | | | | | | | | | | | | |
| Please provide short answers, in any fashion you choose (written, video, power point, ASL, etc.), to the following questions. Your answers will be used to assess your readiness to participate in this leadership forum. | | | | | | | | | | | | |
| 1. Qualifications: Explain why you feel you are qualified to be a delegate to this forum and why you want to attend.      1. Positive Influences: In terms of leadership, tell us about two people who have positively influenced your life. How have they done so? (Family members, teachers, counselors, friends, public officials, or celebrities are appropriate examples.)      1. Experiences as a person with a disability: Describe two important experiences you have had as a person with a disability. These can be positive or negative experiences. (Please be specific about how your examples relate to your disability.)      1. Future Plans: Describe your plans for after high school graduation. | | | | | | | | | | | | |
| **If you are not providing written answers above, attach your response to this application**. | | | | | | | | | | | | |
| 1. **Commitment and Participation** | | | | | | | | | | | | |
| 1. I am available to participate in YLF from June 1 through June 4.   Yes:       No: | | | | | | | | | | | | |
| 1. I have wifi and access to a computer or tablet in order to participate Yes:       No: | | | | | | | | | | | | |
| 1. I will need accommodations in order to participate: Yes:       No:   If yes, please explain: | | | | | | | | | | | | |
| 1. I understand I may be contacted during the first week of April to review my application. The best number to reach me is: | | | | | | | | | | | | |
| 1. I understand that there is limited space and I may not be selected as a delegate. The best email to share this information with me is: | | | | | | | | | | | | |
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| 1. **Diversity information (Optional)** | | | | | | | | | | | | |
| The following optional information is being requested to insure diversity of delegates at the forum: | | | | | | | | | | | | |
| 1. Male  Female | | | | | | | | | | | | |
| 1. Describe your ethnicity/race (e.g., African American, Asian, Hispanic, Caucasian, etc.): | | | | | | | | | | | | |
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| 1. **Checklist** | | | | | | | | | | | | |
| Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided. | | | | | | | | | | | | |
| Application (all questions answered) | | | | | | | | | | | | |
| Recommendations (written or attached) | | | | | | | | | | | | |
| Responses to four questions (written or attached) | | | | | | | | | | | | |
| ***By signing this application, I acknowledge that confidential personal information may be obtained or released by OOD or OOD VR Contractors to Partners and Employers on my behalf.*** | | | | | | | | | | | | |
|  | | | | Date: | | | | | | | | |
| Student’s Signature | | | | | | | | | | | | |
|  | | | | | | | | | Date: | | | |
| Parent/Guardian Signature (if student is under 18) | | | | | | | | | | | | |

Thank you for completing this application. It is due on MAY 10th, 2021.

Please **email** the completed application packet to: [Leapinfo@leapinfo.org](mailto:Leapinfo@leapinfo.org)

Or

**Mail** the completed application to:

LEAP-YLF

2545 Lorain Ave.

Cleveland OH 44113

If you have any questions, please contact: [leapinfo@leapinfo.org](mailto:leapinfo@leapinfo.org) and make sure you have YLF in the subject line; or call Maria Wolf at (216) 696-2716 ext. 823