#

# CT YOUTH LEADERSHIP FORUM

# CT YLF 2015

#  MEMORANDUM

TO: Directors of Special Education and Pupil Services, High School Special Education Department Heads, Transition Coordinators, Private Special Education Facilities, BRS Counselors, BESB Counselors, DDS Case Managers, Centers for Independent Living, Parent Groups

FROM: Karen C. Stigliano, Executive Director; John Gentile, President

 Connecticut Youth Leadership Project, Inc.

SUBECT: **ENCLOSED APPLICATION FORM** FOR THE YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES – (YLF) – 2015

DATE: October, 2014

Enclosed is the application form for the seventeenth annual Youth Leadership Forum for Students with Disabilities (YLF) scheduled for July 27 - July 30, 2015 at the University of Connecticut, Storrs campus.

This forum will bring together forty high school students with disabilities from throughout Connecticut for a

four-day training focusing on enhancing community leadership skills. The forum will provide a concentrated educational and motivational experience for the students selected through a formal, competitive process.

These student delegates will explore personal leadership skills; participate in team building activities; define career goals; practice self-advocacy; and develop a very specific action plan that describes what they will accomplish in their local communities to enhance the lives of people with disabilities. Students who are accepted to YLF will be required to attend follow-up sessions after the forum to implement their Community Action Plans.

Please make copies of the enclosed application available to any current **sophomore** or **junior** with a disability\*.

It is the goal of the YLF planning committee to select students from all regions of Connecticut, representing a wide range of disabilities and ethnic backgrounds.

Thank you for your assistance in promoting this important forum for young adults with disabilities in Connecticut. You may download additional copies of the application by logging on to our website – [www.ctylp.org](http://www.ctylp.org/)

If you have any questions about the program, please feel free to contact Karen C. Stigliano at (203) 623-2774 or kcstig@gmail.com.

\*Students in non-graded programs must be returning to high school for at least 1 year.

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# MEMORANDUM

TO: High School Sophomores and Juniors with Disabilities\*

FROM: Karen C. Stigliano, Director; John Gentile, President

Connecticut Youth Leadership Project, Inc.

SUBECT: AN INVITATION FOR YOU TO APPLY FOR THE YOUTH LEADERSHIP FORUM (YLF) FOR STUDENTS WITH DISABILITIES - 2015

DATE: October, 2014

Enclosed is an application for our annual Youth Leadership Forum for Students with Disabilities (YLF).

2015 will be the seventeenth year we are offering this innovative leadership program. The four-day forum will include many exciting educational and motivational activities to assist you in strengthening your leadership skills. The forum will take place July 27-July 30, 2015 at the University of Connecticut, Storrs campus.

We are inviting you to apply, and are asking for your help in recruiting other students to apply for the forum. Completed application packets must be sent electronically by January 16, 2015 to kcstig@gmail.com. If you need to print and mail it, please have a postmark date of January 16, 2015 and send to:

Christian Quandt: CT-YLF Application

Advanced Wheels

33 Bradley Park Road

P.O. Box 908

East Granby, CT 06026

Through a competitive process, approximately 40 students will be selected to attend the forum. **If you are accepted to YLF you will be required to attend follow-up sessions after the forum to implement your Community Action Plans.**

It is the goal of the YLF planning committee to select students from all regions of Connecticut, representing a wide range of disabilities and ethnic backgrounds.

The Youth Leadership Forum is sponsored through the cooperative effort of the public and private sector in Connecticut. There is no cost for you to attend the forum.

All information in your application is strictly confidential and will only be shared with members of the YLF selection committee. Applications may also be downloaded by accessing our website at [www.ctylp.org](http://www.ctylp.org/)

If you have any questions about the program, please feel free to contact Karen C. Stigliano at

(203) 623-2774 or kcstig@gmail.com

## APPLICATION DEADLINE: January 16, 2015

*\*Students in non-graded programs must be returning to high school for at least 1 year.*

**Connecticut Youth Leadership Forum - 2015**

**APPLICATION FORM**

**Deadline for postmark on mailed application: January 16, 2015**

 **- Applicants must complete ALL information on pages 3 through 6 of this application.**

 **- Please type or print with black ink.**

 **- Mail the application to the address on the last page (page 6)**

**- Please see page 8 for additional application instructions.**

# Personal Information:

Male  Female

Student’s Last Name First Middle

Mailing Address City State Zip Code

Home Telephone Number (with area code) Birth date (MM/DD/YY)

Email address

**Ethnicity/Disability Information:**

**Race:** Please check **all** that apply:

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE

\_\_\_\_\_ ASIAN/ PACIFIC ISLANDER

\_\_\_\_\_ BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN)

\_\_\_\_\_ HISPANIC

\_\_\_\_\_ WHITE (NOT OF HISPANIC ORIGIN):

**Disability:** Please check **all** that apply:

\_\_\_\_\_ ADD/ADHD

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

\_\_\_\_\_ I read with large print

\_\_\_\_\_ I read with Braille

\_\_\_\_\_ I require audio output

\_\_\_\_\_ DEAF  \_\_\_\_\_ HEARING IMPAIRED

  \_\_\_\_\_ I use sign language

 \_\_\_\_\_ I use live captioning

\_\_\_\_\_ I use lip reading

\_\_\_\_\_ I use an assistive listening device

\_\_\_\_\_ I use an FM system

\_\_\_\_\_ I use a loop system

\_\_\_\_\_ DEVELOPMENTAL DISABILITY

 \_\_\_\_\_ Autism

  \_\_\_\_\_ Traumatic Brain Injury

  \_\_\_\_\_ Intellectual Disability

  \_\_\_\_\_ Other:

\_\_\_\_\_ LEARNING DISABILITY

\_\_\_\_\_ MENTAL HEALTH (EMOTIONAL) DISABILITY

\_\_\_\_\_ NEUROMUSCULAR DISABILITY

\_\_\_\_\_ ORTHOPEDIC DISABILITY

\_\_\_\_\_ I use a wheelchair

\_\_\_\_\_ I use a walker

OTHER (DESCRIBE)

**School and Community Involvement:**

Name of High School

School Mailing Address City State Zip Code

HS contact to help arrange interview HS contact telephone number (with area code)

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

HS contact email address

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

Grade level on January 16, 2015 Date Graduation Expected

Please list the school classes in which you are currently enrolled:

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Briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities or work experiences. List the length of involvement, the grade level you were in at the time of participation, and the name of an adult contact with whom you worked.

**School Activities:**

# Activity Adult Contact Dates Grade Level

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

**Community Activities:**

# Activity Adult Contact Dates

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**Work Experience (Paid or Non-paid):**

# Jobs Held Adult Contact Dates

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

**References**

Please list two references. One reference **must** be from a high school representative and one **must** be from a community representative outside your school.

List the name, position/title, email address and telephone number of your two references.

1.

Name Position/Title

Organization Email Address Telephone Number (with area code)

2.

Name Position/Title

Organization Email Address Telephone Number (with area code)

**Required Essay:**

Your answers to the following questions will be used to assess your potential to benefit from and contribute to this leadership forum. Your total response to all four of these topics should not exceed four (4) typewritten, double-spaced pages. **(Responses must be double-spaced and either typewritten or printed in black ink). Remember to attach this essay when electronically submitting your application.**

1. **Leadership**– Describe what the term “leadership” means to you.

1. **Positive Influences** - In terms of leadership, tell us about two people who have positively

influenced your life. (Family, 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 young person with a disability. (Please be specific about your examples as they relate to

 your disability).

1. **Future Plans** – Describe your plans after high school graduation.

**Applications must be emailed/mailed no later than January 16, 2015.**

Email completed application to Karen C. Stigliano @ kcstig@gmail.com

Mail completed application to: Christian Quandt – CT YLF Application

 Advanced Wheels

 33 Bradley Park Road

 P. O. Box 908

 East Granby, CT 06026

## KEEP THIS PAGE, DO NOT MAIL IT WITH YOUR APPLICATION

HOW STUDENT DELEGATES WILL BE SELECTED

APPLICATION INSTRUCTIONS FOR STUDENTS

1. To be eligible for the Youth Leadership Forum - 2015, the student must:

Have a disability, as defined by the Americans with Disability Act;

Be in 10th or 11th grade as of January 16, 2015or if students are in non-graded programs they

must be returning to high school for at least 1 year;

Have demonstrated leadership potential in the school and community;

Have **Medical Insurance**; and

Reside in Connecticut.

1. Student applicants must email their completed application no later than January 16, 2015 to:

Karen C. Stigliano – kcstig@gmail.com

**If you wish to print and mail this application,** sendwith a postmark of no later than

January 16, 2015 to:

Christian Quandt: CT-YLF Application

Advanced Wheels

33 Bradley Park Road

P.O. Box 908

East Granby, CT 06026

1. Semi-finalists will be selected and contacted by telephone to arrange a personal interview. The

 interview will be conducted by a panel coordinated by the Youth Leadership Project, Board of

 Directors. Interviews will take place in March 2015.

1. All applicants will be notified by letter whether they have been selected to attend the forum.

 Letters will be mailed by late April. Approximately 40 students will be selected to attend.

1. After being selected, students will be asked to complete a confirmation form and provide

 additional information to the Planning Committee.

6. All appropriate expenses will be paid by the Youth Leadership Forum, including lodging, food, materials, and interpreters for deaf students and personal care assistants for students with physical disabilities.

If you have any questions, contact:

Karen C. Stigliano (203) 623-2774 or kcstig@gmail.com.