



MARYLAND



**YOUTH
LEADERSHIP
FORUM**

Where Leadership Takes Flight 

Usually In the End of July

HELD AT
BOWIE STATE UNIVERSITY

**SPONSORED BY:
MANY STATE AGENCIES, PRIVATE ORGANIZATIONS,
and FAMILIES OF ALUMNI**



July, 2011*** Bowie State University, Bowie, Maryland

Approximately 30 high school students with disabilities entering one of their final two years of high school in September 2011 will be selected.

Delegate selection will be based on their accomplishments and leadership qualities.

This exciting and educational four-day training program includes the opportunity to meet with Maryland leaders with or without disabilities, participate in a legislative activity, build new skills for the future, and make new friends.

There will be no charge to the selected student delegates. You will live in a college dormitory during the Maryland Youth Leadership Forum.

****We do ask parents/guardians to provide transportation to and from the University.****

Please return packet to us by as soon as possible! Spaces fill quickly!

Instructions for Application

- ▶ Please type or print with black ink. (With the disk version, enlarge or reformat as needed.)
- ▶ Please use this checklist to make certain your application packet is complete. All questions must be answered and requested attachments provided. Please submit application and all attachments under one cover if possible. Incomplete packets will not be considered.

CHECK LIST FOR RETURNING PACKET!!! (return as soon as possible)	
<input type="checkbox"/>	Application form (4 pages)
<input type="checkbox"/>	Copy of most recent report card/progress slip
<input type="checkbox"/>	One Recommendation
<input type="checkbox"/>	Essay (3 of 4 questions)

(You may have assistance and accommodations to complete the packet)

Mail to: **Maryland Youth Leadership Forum**
 Kim Wilhelm
YLF Coordinator
 Independence Now, Inc.
 12301 Old Columbia Pike Suite 101
 Silver Spring, MD 20904
 Phone: 301-277-2839 x1600
 Fax: 301-625-9777

****Dates of the forum will be announced.

*****Usually held within the last two weeks of July



Application Form

1. Student's Name _____
Last First Middle Initial

2. Male _____ Female _____

3. Student's Address: _____
Street / PO Box # City State Zip Code

County You Live In: _____

4. Student's mailing address, if different than above _____
Street / PO Box # City State Zip Code

5. Student's Home Telephone Number: (_____) _____ - _____

6. Student's E-mail address: _____

7. Parent/Guardian Work/Cell Number: _____

8. Parent/Guardian Email address: _____

9. Emergency Contact Number: _____

Relationship with Student: _____

10. Birth date: _____
Month / Day / Year

11. Grade Level this year: _____ Date Graduation/Certificate Expected: _____

12. Name of High School _____

13. School Mailing Address: _____
Street / PO Box # City State Zip Code

14. Principal's Name: _____

15. High School Contact Name: _____
(Counselor / Transition Coordinator / Special Education Teacher)

16. School Telephone Number (_____) _____ - _____

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

a. Grade point average as it appears on your report card or progress report: _____

b. Current reading grade level: _____ c. Are you in Special Education classes? _____



18. Ethnic / Disability Information:

(Please note this is a leadership training program for all students with disabilities)

Race / Ethnic Background: White Black Hispanic Asian Other

- Blind / Visually Impaired
- Learning Disability
- Orthopedic Disability
- Other (such as autism, traumatic brain injury) _____
- Deaf / Hard of Hearing
- Mental Health Disability
- Spinal Cord Injury
- Neuromuscular Disability

Disability (medical diagnosis) _____

Please check all that apply:

Please check or list any accommodations the student uses in school:

- HEARING: I use lip reading.
 I use real time captioning.
 I use sign language

- WALKING: I use a wheelchair / scooter.
 I use a support cane / crutches / walker.
 I use a mobility cane.
 I cannot walk up stairs.
 I cannot walk long distances.

- READING: I use audiotapes.
 I use Braille.
 I use large print.
 I use low vision aids.

SPEAKING: I use an augmentative communications aid.

WRITING: I need a scribe.

OTHER: _____



19. School and Community Involvement:

Below, please 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 the adult with whom you worked. (If filling this application out by hand, use extra sheets if necessary.)

School Activities:

Name of Activity	Adult contact	Dates		Grade Level
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Community Activities:

Name of Activity	Adult contact	Dates		Grade Level
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment Experiences:

Name of Employer	Position	Dates		Grade Level
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Career interests: _____

21. For publicity purposes, please provide the names of your:

_____ State Senate Representative

_____ District Number

_____ State House of Delegates Representative

_____ District Number

Web site for assistance: www.mlis.state.md.us. Click on "Find a legislator" and follow the prompts.



AGREEMENTS:- Sign and Return

In order to provide a positive, fun, safe learning experience at the Youth Leadership Forum, all delegates will be expected to comply with the following agreements.

Students are selected to attend this forum because of their leadership skills and potential. Consequently, students are expected to demonstrate their leadership ability, and must:

1. Be punctual, beginning with your transportation to the University.
2. All delegates are expected to stay on campus for the duration of the Forum. Permission to leave campus will be granted only in extreme circumstances.
3. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.
4. Maintain a respectful attitude toward peers, counselors, and conference staff. Inappropriate behavior will not be tolerated.
5. Respect the facilities (maintaining the condition of dormitory rooms and all other areas) Participants will have to pay for property damage they cause and for lost room keys.
6. When not in assigned groups, male and female participants are restricted to their own assigned rooms at all times. No coed visitation is allowed.
7. Smoking and possession or use of illegal chemicals or alcohol is strictly prohibited. (Prescription or other approved medications require verification and can only be dispensed under supervision by the medical staff.)
8. All other campus residence halls are off limits. It is recommended that cell phones, blackberries, PDA's, walkmans, radios, and electronic games should not be brought to the Youth Leadership Forum. If you choose to bring a cell phone, it may only be used before 8:00 AM and after 10:00 PM. In case of Emergency a contact # will be provided for parents/guardians.

We emphasize that delegates are chosen to attend the Youth Leadership Forum because of their leadership potential. Remember the responsibility that goes with the honor of being selected as a delegate . . . and plan to have a great time!

Any violations of these rules will result in students being sent home immediately at parents'/guardians' expense. Your application to the Youth Leadership Forum and signature below will indicate your acceptance of these agreements.

Student Signature

Date

I am aware of _____'s application to serve as a delegate to the **Maryland Youth Leadership Forum 2011**. If he/she is selected as a delegate, I agree to enforce the agreements above.

Signature of Parent or Guardian

Date

ATTACHMENTS:

Please attach the documents on the next page... The Selection Committee will use them to determine your leadership potential and to ensure that we include delegates with a variety of experiences. The transition or guidance counselor in your school should be able to provide direction and support with these attachments.

- A. **Report Card:** A copy of your most recent Report Card/Progress Report.
- B. **Essay:** Please respond to three (3) of the following questions. Write or type your responses on separate paper and attach to your completed application packet. Your total response to three questions should not exceed three (2) typewritten double-spaced or handwritten pages.
- 1.) **QUALIFICATIONS:** Explain why you feel you are qualified to be a delegate to this forum and why you want to attend.
 - 2.) **POSITIVE INFLUENCES:** Based on your definition of leadership, please 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)
 - 3.) **EXPERIENCES AS A PERSON WITH A DISABILITY –** Describe two important experiences you have had as a young person with a disability. These can be positive or negative experiences. (Please be specific about your example as it relates to your disability.)
 - 4.) **FUTURE PLANS –** Describe your plans for after finishing high school.

C. **Recommendation** (ATTACHED ON SEPARATE PAGE)

Please attach **one (1)** recommendation that describes your *demonstrated* leadership skills or your leadership potential. Your recommendation may be from your high school faculty and/or administrative staff, or from a community representative outside of your school (employer, church, youth group, coach, or volunteer coordinator). The recommendation should be attached to your application in a sealed envelope as specified in the *Instructions for Recommendations (page 8)*.

List the name, position/title, organization and phone number of the person who is writing the letter.

Name: _____ Title: _____

Organization: _____ Telephone No.: _____

E. **Interview**

You will be contacted by a Local Selection Committee to set up an appointment for an interview during April or May. We will provide accommodations, if needed.

*****FOR YOUR TEACHER/ COACH/ LEADER IN YOUR COMMUNITY TO FILL OUT!*****

LETTER OF RECOMMENDATION:

*Thank you for agreeing to write a Recommendation for this student to attend the Maryland YLF 2011.. Please complete this page and return to the student in a **sealed envelope** to protect the confidentiality of your comments. Feel free to type your recommendation on a separate sheet if it is more convenient for you.*

- reference from the school reference from the community

1. How do you know this student?

2. What has this student done to demonstrate leadership potential within the school or community setting? Please be specific.

3. Describe the personal qualities of this student in your view that show his or her leadership potential. Please provide an example or illustration.

4. How do you think this individual might serve as a role model or leader for other youth with disabilities? Please be specific.

Signature of Reference

Title

Phone number

PHOTOCOPY THIS PAGE AS NEEDED & GIVE TO YOUR REFERENCE

