

**Monday, June 26th, 2023 - Wednesday, June 28th, 2023**

**Deadline for Application:**

**As soon as possible**

**Open to Maryland residents with ANY type of disability in their last two years of high school or graduating in the spring of 2022**

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Approximately 30 high school students with disabilities entering one of their final two years of high school or graduating in June 2023 will be selected.

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

This exciting and educational 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.**

*This project was supported, in part by grant number CFDA 93.630, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

**Instructions for Application**

* Please type or print with *black/blue* ink pen.
* 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.

|  |
| --- |
| **CHECK LIST FOR RETURNING PACKET (Return as soon as possible)** |
| Application |
| One Recommendation (may be mailed in separately) |
| Essay |
| Independent Living Plan (signed by parent/guardian & applicant) |
| Signed Agreement for Rules and Regulations |
| Copy of vaccination card |

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

Mail to: **Maryland Youth Leadership Forum**

**Danielle Bustos**

**YLF Coordinator**

**Independence Now, Inc.**

**12301 Old Columbia Pike Suite 101**

**Silver Spring, MD 20904**

**Phone:** 240-898-2189

**Fax:** 301-625-9777

**Email:** dbustos@innow.org

**Open to Maryland Residents Who Are Attending a Maryland School**

**Deadline for Application: As soon as possible**

# Application Form

Open to Maryland Residents who are attending a Maryland School

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_\_\_\_\_ Male/Female Age: Birth date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s mailing address, if different than above:

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

Student’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Work/Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship with Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level This Year: \_\_\_\_\_\_\_\_\_\_ Date Graduation/Certificate Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County School Is Located In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

School Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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Check if Applicable: 504 Plan Individualized Education Program (IEP)

T-Shirt Size: S M L XL XXL

Are you receiving services from DORS? YES/NO

DORS Counselor's Name and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received your COVID-19 Vaccine? YES/NO

Ethnicity (please note this is a leadership training program for all students with disabilities):

White Black Hispanic Asian Other

Disability:

Autism Deaf/Hard of Hearing

Visual Impairment/Blindness Other health impairment

Emotional Disturbance Specific Learning Disability

Intellectual disability Speech or Language Impairment

Multiple disabilities Spinal Cord Injury

Orthopedic Disability Traumatic Brain Injury

Other please list:

Medical Diagnosis:

**Please check or list any accommodation the student uses in school. Check all that apply:**

**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 cannot walk upstairs.

I cannot walk long distances.

**Reading:** I use audiotapes.

I use Braille.

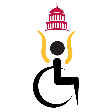
I use large print.

I use low vision aids.

**Speaking:** I use an augmentative communications aid.

**Writing:** I need a scribe.

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



**School and Community Involvement:**

**Note: These areas do not have any effect on acceptance into the Forum.**

Below, please briefly list your involvement with your school and community. This may include any offices you hold, club memberships, after-school activities, or work experience. 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. (Use extra sheets if necessary.)

School Activities:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Dates | | |  | Grade |
| Name of Activity |  | Adult contact |  | From |  | To |  | Level |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Community Activities:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Dates | | |  | Grade |
| Name of Activity |  | Adult contact |  | From |  | To |  | Level |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Employment Experiences:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Dates | | |  | Grade |
| Name of Employer |  | Position |  | From |  | To |  | Level |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Extracurricular/Activities/Interests you would like to be involved with:

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

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Career Interest:

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

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# INDEPENDENT LIVING PLAN (ILP)

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff:** YLF Staff and Danielle Bustos

**Goal 1:** To attend and complete 2022 Maryland Youth Leadership Forum (YLF).

**Goal Type:** Self-Advocacy- Self Empowerment **Date Set: \_\_\_\_\_\_\_\_ Target Date: June** 2022

**Staff Tasks:**

|  |  |
| --- | --- |
| 1 | **To organize** **an educational training on leadership** |
| 2 | **Provide support during YLF** |
| 3 | **Act as a resource before and after YLF** |

**Consumer Tasks:**

|  |  |
| --- | --- |
| 1 | **Be on time, attend and participate in all sessions** |
| 2 | **Be respectful towards peers, staff, and others** |
| 3 | **Follow the rules of the YLF** |

Delegate’s Initials: \_\_\_\_\_\_ Independence Now (IN) Staff Initials: \_\_\_\_\_\_ Parent’s Initials: \_\_\_\_\_\_

**Completion Date: \_\_\_\_\_\_\_\_\_\_\_ Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received an explanation of IN’s Independent Living (IL) services, the Client Assistance Program (CAP), my rights and responsibilities as a participant, the opportunity to appeal decisions made by IN’s staff, the opportunity to express my satisfaction or dissatisfaction with the services received, and the option to waive the development on an Independent Living Plan (ILP).

**Approval of ILP (This means I Agree to the above tasks)**

I understand that the staff of IN will assist me to coordinate existing community services/programs, as well as services offered by the Center, which will enable me to achieve my established goals and objectives. I also understand my goals will be recorded as part of the information retained by my confidential ILS.

**Waiver of ILP**

I knowingly and voluntarily choose not to create an ILP. I understand IN will record goals established through services requested and/or provided to me even though I waived by ILP. I also understand I may create an ILP at a later date.

**Student’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature (if under 18)**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN’s Staff Signature**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# 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:**

1. All delegates are expected to be present and punctual to all sessions.
2. All delegates should maintain a respectful attitude toward peers, counselors, and conference staff. Inappropriate behavior will not be tolerated.
3. Smoking and use of illegal chemicals or alcohol is strictly prohibited.

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 terminated from the forum. Your application to the Youth Leadership Forum and signature below will indicate your acceptance of these agreements.

**Student’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s application to serve as a delegate to the **Maryland Youth Leadership Forum 2023**. If he/she is selected as a delegate, I agree to enforce the agreements above.

**Parent/Guardian’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Icon Description automatically generatedATTACHMENTS

Please attach the documents to the next page. The Youth Leadership Forum 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.

1. **Essay:** Please respond to the following questions. Write or type your responses on separate paper and attach to your completed application packet. Your total response to the questions should not exceed two (2) typewritten double-spaced or handwritten pages.
2. **QUALIFICATIONS**: Explain why you feel you are qualified to be a delegate to this forum and why you want to attend.
3. **FUTURE PLANS**: Describe your plans for after finishing high school.
4. **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). **Your recommendation cannot be from a family member.** The recommendation should be attached to your application in a sealed envelope as specified in the *Instructions for Recommendations (page 9).*

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Interview**

We will be hosting group interviews for applicants based on county. YLF Staff will be in touch with you to set up specific interview times and location.

# Icon Description automatically generatedLETTER OF RECOMMENDATION

**\*\*\*For your teacher/coach/leader/support in your community to fill out. \*\*\***

**Photocopy this page as needed & give to your reference.**

#### **Deadline for Application: As soon as possible**

## Thank you for agreeing to write a Recommendation for this student to attend the Maryland Youth Leadership Forum (YLF) 2023. Please complete this page and return it 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.

**\*Please consider how the student will benefit from the forum and/or how the student’s demonstrated leadership skills could benefit others at the forum\***

Reference From: School Community

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **How do you know this student?**

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

1. **Describe the personal qualities of this student in your view that show his or her leadership potential. Please provide an example or illustration.**
2. **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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**