



Maryland Youth Leadership Forum

Date: To Be Announced

**Deadline for Application:
ASAP**

Open to Maryland residents with ANY type of disability in their last two years of high school or graduating in the spring of 2024.

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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 2024 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 and 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.



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

Email to: dbustos@innow.org

Fax to: 301-625-9777

**Open to Maryland Residents Who Are Attending a Maryland School
Deadline for Application: ASAP**



Application Form

Open to Maryland Residents who are attending a Maryland School

Date: _____

Student

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male Female Age: _____ Birth Date (mm/dd/yy): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Student's mailing address, if different than above:

Student Cell: _____ Student Email: _____

T-Shirt Size: S M L XL XXL

Parent/Guardian

Parent/Guardian Name(s): _____

Work/Cell Number: _____ Email Address: _____

Emergency Contact

Emergency Contact Name: _____

Emergency Contact Number: _____ Relationship with Student: _____

High School

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:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

Division of Rehabilitation Services (DORS)

Are you receiving services from DORS? Yes No

DORS Counselor's Name: _____ Phone Number: _____

Ethnicity

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

- White Black Hispanic Asian Other

Disability

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Visual Impairment/Blindness | <input type="checkbox"/> Other health impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Orthopedic Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other: _____ | |

Medical Diagnosis: _____

Accommodations

Please check or list any accommodations 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 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. (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 | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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

Career Interest:



Independent Living Plan (ILP)

Student's Name: _____

County: _____ Staff: YLF Staff and Danielle Bustos

Goal 1: To attend and complete 2024 Maryland Youth Leadership

Forum (YLF). **Goal Type:** Self-Advocacy- Self Empowerment Date _____ Target Date: June 2024

Set: **Staff Tasks:**

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

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 of 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 my 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 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, and must:

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 2024**. If he/she is selected as a delegate, I agree to enforce the agreements above.

Parent/Guardian's Signature: _____ **Date:** _____



Attachments

Please attach the documents on 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.

A. 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.

1. **QUALIFICATIONS:** Explain why you feel you are qualified to be a delegate to this forum and why you want to attend.
2. **FUTURE PLANS:** Describe your plans for after finishing high school.

B. 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: _____

C. Vaccination

It's required by the host venue to be vaccinated. Please attach a copy of your *Getting Your CDC COVID-19 Vaccination Record Card*.

D. 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.

Letter 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: ASAP

Thank you for agreeing to write a Recommendation for this student to attend the Maryland Youth Leadership Forum (YLF) 2024. 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.

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: _____

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: _____ **Phone Number:** _____

Printed Name: _____ **Title:** _____