



High School Students living with disabilities are invited to apply!

THE ABLE TRUST YOUTH LEADERSHIP FORUM 2012

JULY 18 – 22, 2012

TALLAHASSEE, FLORIDA

APPLICATION FORM

Note: This form must be completed in full in order for an applicant to be considered for the Forum.

WHAT WILL HAPPEN AT THE YOUTH LEADERSHIP FORUM (YLF)?

- YLF Participants (referred to as Delegates) will enjoy learning opportunities that cover topics such as the History of the Disability Movement, Self-Advocacy, community Resources that lead to Independence, Citizen Responsibility, Career Options and Academic Opportunities.
- YLF Delegates will meet disability leaders, business professionals and government officials.
- YLF Delegates will participate in social opportunities enabling students with different abilities to network and learn from each other, such as a Capitol Day, Career Fair, Talent Show and Dance.
- YLF Delegates will develop a “Personal Leadership Plan” which becomes their specific action plan for use when they return to their communities. They will receive a “Futures Kit” containing useful resources as they continue to develop their leadership skills beyond YLF.
- To learn more about YLF, visit www.floridaylf.org.

WHO WILL BE SELECTED AS YLF DELEGATES?

- Fifty current Florida High School Sophomores, Juniors, and Seniors who have disabilities will be selected for the Forum. **Students must be under the age of 19.** It is expected that participants will reflect a diverse mix of disabilities, gender, geographic location and ethnicity.
- Applicants should demonstrate leadership potential, participation in school, extracurricular activities and community involvement.
- Applicants must have the ability to interact effectively with other students, adapt to new surroundings, follow an intense schedule of forum activities and demonstrate a willingness to participate in small and large group discussions.
- **Selected students must show proof of health insurance (private insurance, year-round school insurance, Cover Florida, KidsCare or Medicaid is acceptable).**
- *All fees and expenses to attend are paid by The Able Trust for selected students.*

APPLICATION DEADLINE is January 30, 2012: Applications must be postmarked by that date to be considered. Applicants will be notified of selection status no later than February 28, 2012.

- **Students must complete ALL information on this application to be considered as a candidate.**
- **If selected, students are expected to remain for the duration of the Forum.**
- **Please call 888.838.2253 Voice/TDD or email info@abletrust.org if any of the 6 pages are missing, or if you need this application in alternative format (Braille, disk, large print).**
- **Please type or print with BLACK INK. The application may be submitted on tape or disk.**

This application is available on the web at www.floridaylf.org

ABOUT THE STUDENT /APPLICANT

Last Name: _____ First Name: _____ Middle: _____

_____ Male _____ Female Date of Birth: _____

Grade Level in September, 2011: _____ Date you expect to graduate: _____

Residence Address: _____

City: _____, Florida Zip: _____

Mailing Address (If different from above) _____

County of Residence: _____ Home phone with area code: _____

Email Address: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Address (if different from student): _____

Parent/Legal Guardian's Place of Employment (if applicable): _____

Parent/Legal Guardian's Daytime Number: _____

Please state your ethnicity (optional): _____

What is your primary language? _____

Other languages you speak fluently: _____

For funding purposes, please indicate if you are registered **Native American** from either **Santa Rosa or Escambia County**.

Name of tribe: _____ County of Residence: _____

TRAVEL (paid by The Able Trust)

___ I will accept reasonable travel plans arranged by The Able Trust.

___ My parent/guardian will bring me to the Forum. (Note that parent/guardian may not remain with the student at the Forum.)

Note: If this form is completed by someone other than the student applicant, please read and sign below. The responses to the following sections must be written or dictated by the student, and not by a parent, guardian, or any other individual. If dictated, please sign indicating “the responses were dictated to me and are exactly as stated by the applicant”.

Signature

Date

Print Name

SCHOOL AND COMMUNITY INVOLVEMENT

Briefly list below your involvement with your school and community. This may include any offices you held, club memberships, after schools activities, church/ synagogue activities, volunteer activities or work experiences.

School Clubs: (use additional paper if necessary)

Activity	How Long	Member/Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Organizations: (use other paper if necessary)

Activity	How Long	Member/Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCE

Include contact information of a personal reference who can describe your demonstrated leadership skills and/or your leadership potential. (This reference should be a non-relative of the applicant.) Print the name, organization, telephone number and email address of this individual.

Name Organization

Home Phone with Area Code E-mail Address

SHORT ANSWER QUESTIONS:

Applicants' answers to the following questions will be used as a tool in assessing which students move to the review process. Please read each question very carefully and think before you answer. You may want to write a draft, review it and make edits. Use additional pages if necessary. See note on previous page regarding who may provide the answers to the following. **IMPORTANT: Answers may be submitted on audio tape or disk, if necessary.**

- (a) **Who are You?** - Tell us a little about yourself and share with us an important experience you have had as a young person with a disability.

- (b) **Who Do You Look Up To?** - Tell us about a person who has positively influenced your life and why. (Families, teachers, counselors, friends, politicians or celebrities are appropriate examples.)

- (c) **What Are Your Goals?** - Describe any of your plans after high school (schooling, career goals, etc.)

- (d) **Why Do You Want to Be a Delegate?** – Tell us why you want to participate in the Florida Youth Leadership Forum.

(a) _____

(b)

(c)

(d)

How did you hear about the Youth Leadership Forum? (check all that apply)

- Parent
- Teacher/Counselor
- Division of Vocational Rehabilitation
- Agency/Organization
- Newspaper
- YLF Delegate or Volunteer
- Florida Developmental Disabilities Council
- Other: (Describe) _____
- High School/High Tech

*I have read the information regarding the Florida Youth Leadership Forum and its requirements and confirm that the information I have provided on this application to The Able Trust is true. **Note: This form must be completed in full for an applicant to be considered for the Forum.***

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Check here if you would like e-mail instead of paper notification of your application status.

****APPLICATIONS MUST BE POSTMARKED BY JANUARY 30, 2012****

Students will be notified of selection status no later than February 28, 2012

Please be advised that participants are required to remain for the duration of the event.

The Florida Youth Leadership Forum and/or The Able Trust will not be responsible for lost items.

If you have any questions about the Florida YLF or the application process, please call The Able Trust at 888-838-2253 Voice/TDD or e-mail info@abletrust.org.

The Able Trust is a nonprofit foundation with a mission to be the leader in providing Floridians with disabilities fair employment opportunities through grant programs, public awareness and education, and policy review and recommendations. Its youth programs work to reduce the dropout rate of youth with disabilities, increase their self-esteem and improve their participation in employment related activities.

For more information visit www.abletrust.org.

The Florida Youth Leadership Forum is sponsored by:



Applications should be mailed to:

**YLF 2012
3320 Thomasville Road
Suite 200
Tallahassee, FL 32308**

Or may be faxed to 850-224-4496