

# Youth Leadership Forum 2012



## What is the South Carolina Youth Leadership Forum?

The SC Youth Leadership Forum assists youth with disabilities in developing leadership skills and using resources to help them face challenges as they become contributing members of their communities.

YLF is for students with disabilities who have demonstrated leadership potential in both their school and community. It is a leadership program for high school juniors and seniors (or students between the ages of 17-21). There is no cost to attend other than transportation to and from the YLF. By serving as delegates, students with disabilities will enhance and grow their leadership, citizenship, and social skills.

The SC Youth Leadership Forum is implemented by state and local partners including the South Carolina Department of Education, South Carolina Vocational Rehabilitation Department, Continuum of Care, PRO-Parents, Center for Disability Resources, the South Carolina Assistive Technology Program, Wil Lou Gray and the South Carolina Developmental Disabilities Council.

## Mark Your Calendar

The 2012 SC Youth Leadership Forum will be held at Newberry College, July 11th-13th.

## What happens at the Youth Leadership Forum?

Make New Friends!

Team building activities

Small and large group discussions

Ropes course

Mentor luncheon

Guest speakers

FUN!

## Who is eligible to participate?

To be eligible for the SC Youth Leadership Forum, students must:

- have a disability and live in South Carolina
- be in the 11th or 12th grade (or between the ages of 17-21) as of December 31, 2011
- have demonstrated leadership potential in school and their community

Approximately 30 delegates will be selected to attend the forum. Selection is based on completeness of the application, quality of information provided and meeting the criteria detailed above. Additional information on the forum will be provided to those selected to attend.

## How do I apply?

1. Download and complete the YLF application from: [yfl.scvrd.net](http://yfl.scvrd.net).
2. Application and Reference forms **must be postmarked by April 16, 2012**. Applications not postmarked by this date will not be considered.
3. Applicants must mail the completed application packet and reference forms to:

### **South Carolina Youth Leadership Forum**

c/o PRO-Parents

652 Bush River Road, Suite 203

Columbia, SC 29210

**Find out more at: [yfl.scvrd.net](http://yfl.scvrd.net)**



# South Carolina Youth Leadership Forum

Type or print and complete fully

## Student Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race (optional) \_\_\_\_\_ Gender M / F Birth Date \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Grade Level/Age as of December 31, 2011 \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parent/Legal Guardian (circle one) \_\_\_\_\_

## School Information

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Sponsoring Teacher \_\_\_\_\_

## Disability

Disability \_\_\_\_\_

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Disability                               | <input type="checkbox"/> Traumatic Brain Injury                         |
| <input type="checkbox"/> I learn best using my vision                      | <input type="checkbox"/> Emotional Disorder (anxiety, depression, etc.) |
| <input type="checkbox"/> I learn best using my hearing                     | (describe) _____  |
| <input type="checkbox"/> I learn best using both my vision and hearing     | <input type="checkbox"/> Accommodations                                 |
| <input type="checkbox"/> Intellectual Disability / Mental Disability (MMR) | <input type="checkbox"/> I type better than I write                     |
| <input type="checkbox"/> Other (describe) _____                            | <input type="checkbox"/> I listen better than I read                    |
| _____  | <input type="checkbox"/> Mobility                                       |
| <input type="checkbox"/> Autism Spectrum Disorder                          | <input type="checkbox"/> I use a wheelchair/motorized scooter           |
| <input type="checkbox"/> Deaf/Hard of Hearing                              | <input type="checkbox"/> I use crutches                                 |
| <input type="checkbox"/> I use sign language                               | <input type="checkbox"/> I cannot walk upstairs                         |
| <input type="checkbox"/> I use assistive listening devices                 | <input type="checkbox"/> I have difficulty walking long distances       |
| <input type="checkbox"/> I use real-time captioning                        | <input type="checkbox"/> I use other assistive devices (describe) _____ |
| <input type="checkbox"/> Blind/Visual Disability                           | _____   |
| <input type="checkbox"/> I read/write with Braille                         | <input type="checkbox"/> Other (describe) _____                         |
| <input type="checkbox"/> I read large print or use a magnifier             | _____   |
| <input type="checkbox"/> I listen to electronic versions of text           | _____   |

Are you receiving services from any of the following agencies?

- |  |   |
|--|---|
| <input type="checkbox"/> Children's Rehabilitation Service | <input type="checkbox"/> Vocational Rehabilitation Department |
| <input type="checkbox"/> Continuum of Care                 | <input type="checkbox"/> Mental Health                        |
| <input type="checkbox"/> DDSN/HASCI                        | <input type="checkbox"/> Other                                |

## Additional Information

How did you hear about YLF?    Teacher    VR Counselor    Service Coordinator    Other

Provide the name and contact information of the person that referred you to YLF:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Event Code: \_\_\_\_\_

### Personal Statement

In your own words, describe your disability and how you have learned to cope with the challenges it may present.

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List school and/or community extracurricular activities (clubs, volunteer activities, work experience/interests, etc.). Be brief.

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Why do you want to attend YLF?

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Why do you believe you are a good candidate for YLF?

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Tell us about someone who has been a positive influence in your life and why.

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Describe one important experience you have had as a person with a disability.

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What are your plans after you finish high school? Do they include college or employment? Describe.

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### References

**One school reference and one community reference are required.** The South Carolina YLF Selection Committee must receive both reference forms to process your application. A school reference can be your high school (teacher, counselor, advisor, principal, etc.). The community reference must be from an individual in your community. Both individuals must be at least 21 years of age and not related to you.

**Two reference forms are provided and must be completed and returned by the adults making the references.**

Name of School Reference \_\_\_\_\_ Phone \_\_\_\_\_

Position/Title \_\_\_\_\_

Name of Community Reference \_\_\_\_\_ Phone \_\_\_\_\_

Position/Title \_\_\_\_\_

### Signatures

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Application and Reference forms must be postmarked by April 16, 2012**

Mail applications to:

**South Carolina Youth Leadership Forum**  
c/o PRO-Parents  
652 Bush River Road, Suite 203  
Columbia, SC 29210

If you have questions, call 803-734-8028 or email [selindsay@ed.sc.gov](mailto:selindsay@ed.sc.gov)

# South Carolina Youth Leadership Forum

## School Reference

Type or print and complete fully



### Student Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

The South Carolina Youth Leadership Forum Selection Committee must receive this form to process your application.

Permission: I hereby request that you furnish this reference information to the SC Youth Leadership Forum.

Parent or Student (if over 18) Signature \_\_\_\_\_

### School Reference Information

The person named above is an applicant for the SC Youth Leadership Forum. The YLF Selection Committee uses the following information in its selection process. The committee appreciates your help with this process.

Name \_\_\_\_\_ Position / Title \_\_\_\_\_

School / Firm / Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. How long have you known the applicant and in what capacity?
2. What do you consider the applicant's primary talents and strengths?
3. Describe the applicant's relationship with his or her peers.
4. Describe the applicant's ability to communicate with others.
5. Describe the applicant's leadership ability and potential for becoming a community leader.
6. What additional information should the YLF Selection Committee consider when evaluating this applicant for the YLF?

**\*\*\* Please use the back of this sheet if necessary, or attach an additional sheet \*\*\***

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

**Reference forms must be postmarked by April 16, 2012**

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652 Bush River Road, Suite 203  
Columbia, SC 29210

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# South Carolina Youth Leadership Forum

## Community Reference



Type or print and complete fully

### Student Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

The South Carolina Youth Leadership Forum Selection Committee must receive this form to process your application.

Permission: I hereby request that you furnish this reference information to the SC Youth Leadership Forum.

Parent or Student (if over 18) Signature \_\_\_\_\_

### Community Reference Information

The person named above is an applicant for the SC Youth Leadership Forum. The YLF Selection Committee uses the following information in its selection process. The committee appreciates your help with this process.

Name \_\_\_\_\_ Position / Title \_\_\_\_\_

School / Firm / Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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