



CALIFORNIA YOUTH LEADERSHIP FORUM
FOR STUDENTS WITH DISABILITIES

2016 YLF DELEGATE APPLICATION

If under 18, my parent/guardian is aware I am submitting this application.

I. Personal Information

1. Student's First Name Middle Last

2. Male Female

3. With which gender do you identify:

4. Birth date:

5. Please specify your Race and Ethnicity from the checklist. Check all that apply:

 American Indian or Alaskan Native

 Asian Group:
 Asian Indian Cambodian Chinese Filipino Japanese Korean
 Laotian/Hmong/Mein Vietnamese Other Asian

 Black or African American

 Native Hawaiian or Other Pacific Islander Group:
 Guamanian or Chamorro Hawaiian Samoan
 Other Pacific Islander

 White

 Hispanic/Latino

 Other

6. Home address City Zip code

7. California county of residence:

Applicant's Last Name

First Name

8. Mailing address (no P.O. boxes) City Zip code
9. Applicant's home phone: cell:
10. Parent/Guardian's home phone: cell:
11. Applicant's email address:
12. Parent/Guardian's email address:

II. School Information

13. Name of high school:
14. Current grade level:
15. Current reading level:
16. Month and year you plan to graduate:
17. Did you apply to attend YLF last year?
No Accepted and did not attend Chosen as alternate

III. Disability Information

18. Please check **all** that apply to your disability:

Blind/Low Vision

- I use a cane
- I use braille
- I use a service animal
- I use large print
- I use electronic equipment
- Other

Chemical/Environmental Sensitivity

Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)

Applicant's Last Name

First Name

Deaf

I use American Sign Language (ASL)

I use Cochlear Implants

I use Real Time Captioning/Communication Access Realtime Translation

Hard of Hearing

I use American Sign Language (ASL)

I use Cochlear Implants

I use hearing aids or a hearing device

I use Real Time Captioning/ Communication Access Realtime Translation

Immune (e.g. Crohn's disease, rheumatoid arthritis, other)

Intellectual/Developmental (e.g. acquired brain injury, down syndrome, epilepsy, cerebral palsy, autism/asperger's syndrome and other)

Learning (e.g. dyslexia, dyscalculia, attention deficit disorder, other)

Mental Health/Behavioral Health (e.g. anxiety, depression, bipolar disorder, obsessive compulsive disorder, other)

Mobility (e.g. spinal cord injury, muscular dystrophy, other)

I use a wheelchair or scooter

I use a walker or crutches

Other Disability

19. Name of specific Disability(s):

Applicant's Last Name

First Name

IV. School and Community Involvement

What activities are you involved in? (e.g. student leadership, club memberships, sports, other after school activities, volunteer experience, internships, religious activities or work experiences). Add additional pages if needed.

A. Name of Organization:

Name of Activity:

How long have you participated?

Name of contact:

Contact's phone: ()

B. Name of Organization:

Name of Activity:

How long have you participated?

Name of contact:

Contact's phone: ()

C. Name of Organization:

Name of Activity:

How long have you participated?

Name of contact:

Contact's phone: ()

Applicant's Last Name

First Name

V. Programs and Services You Currently Receive

20. Department of Rehabilitation (DOR):

If you are currently a client of the DOR, please list:

DOR Branch Office:

DOR Counselor's Name:

DOR Counselor's phone: ()

DOR Counselor's email address:

21. Transition Partnership Program (TPP):

If you are currently in a TPP, please list:

Program School/Site:

Transition Counselor's Name:

Counselor's phone: ()

Counselor's email address:

22. Regional Centers (RC):

If you are currently receiving services from a RC, please list:

Name of Regional Center:

Case Manager's Name:

Case Manager's phone: ()

Case Manager's email address:

If you are a TPP, DOR, or RC client, please tell your counselor you are applying for YLF.

Applicant's Last Name

First Name

VI. Essay: Tell Us About Yourself

Please attach your answers to the following questions in at least 1-3 typed, double-spaced pages. We would like you to tell us about yourself, your leadership potential and what ideas you have as a future leader of California.

Area #1: Autobiography

Describe your experience as a youth with a disability and how it has impacted the person you are today.

Area #2: Leadership

Has your disability shaped you as a leader and in what ways?

Area #3: Your vision for the future

Tell us about a role model and how the person has shaped your vision for the future.

VII. Letter of Recommendation

This is your opportunity for us to learn more about your leadership skills. Attach one or two letters of recommendation. The letter can be from a high school teacher, counselor, administrator, or from a community representative outside of your school. Do not include letters from a relative or family member.

VIII. Legislative Information

A. _____
State Assembly Representative's Name

District Number

B. _____
State Senate Representative's Name

District Number

Applicant's Last Name

First Name

IX. Final Preparation

Please use the checklist below to ensure your application packet is complete. Incomplete applications will not be considered.

Required Items	Completed
1. Completed Application	
2. Essay	
3. One or two letters of Recommendation	

Did anyone assist you in completing this application? Yes No

If yes, please specify who:

Which parts:

How did you hear about the YLF?

May we share your contact information with the CA YLF Alumni Alliance and Youth Organizing [\(YO!\) Disabled and Proud](http://yodisabledproud.org/) <http://yodisabledproud.org/>? Yes No

By submitting this application, I and my parent/guardian authorize my application to be confidentially reviewed by the interview and selection panel, and the YLF partners and sponsors only as needed.

Signature of Student

Today's Date

Signature of Parent or Guardian (if student is under 18)

Today's Date

Thank you for completing this application. Please e-mail your completed application, essay and letters of recommendation to YLF@dor.ca.gov.

If you need additional assistance in submitting your application, please contact us at: (855) 894-3436 (voice) • For relay services please call 711 • ylf@dor.ca.gov (email)

Please keep a copy of the application packet for your records.