



**RI YOUTH LEADERSHIP FORUM  
FOR STUDENTS WITH DISABILITIES  
AUGUST 2012**

**Application Form**

**Please type or print answers neatly in black or blue ink. The entire application must be completed.**

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

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**Please attach a copy of your latest report card OR fill out the section below:**

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

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

Cumulative Grade Point Average (GPA): \_\_\_\_\_ Current Reading Grade Level: \_\_\_\_\_  
(If not sure, ask your teacher.)

**Activities**

Briefly list your involvement with your school and community. This may include any sports, work experiences, after school activities, club memberships or offices you held. List the length of involvement, the grade you were in at the time of participation, and the name of an adult with whom you worked. *If more space is needed, please attach an additional page.*

**School Activities**

Name of Activity	Start Date	End Date	Grade	Adult Contact

**Community Activities: (not school related)**

Name of Activity	Start Date	End Date	Grade	Adult Contact

**Information about your disability**

Please describe your disability or medical diagnosis. Include any limitations you have.

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What accommodations do you use at school, work or home to help with learning and/or daily living?

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When did your disability begin? \_\_\_\_\_

**Information on Office of Rehabilitation Services**

Are you a client of the Office of Rehabilitation Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what is your Rehabilitation Counselor's Name? \_\_\_\_\_

This forum is designed to help you develop your leadership skills as a person with a disability. Please answer the following questions in paragraph form on a separate sheet of paper. You may type or write your answers or use an alternative electronic format, such as video recording. All questions MUST be answered.

If you choose to submit your answers in an electronic format, be sure it is compatible with the Windows Media Player (wmv). This should be recorded on a CD and submitted with your application.

1. Explain why you feel you are qualified to be a delegate to the forum and tell us why you want to attend.
2. In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials or celebrities are appropriate examples).
3. Describe two important experiences you have had as a young person with a disability. (Please be specific about your examples as they relate to your disability).
4. Describe your future plans after high school graduation.

**Letters of Recommendation:**

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter must be from a high school representative and one must be from a community representative outside of your school. List name, position/title, organization and telephone number of the two people who will write these letters.

1. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Organization ( ) Area Code Telephone #

2. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Organization ( ) Area Code Telephone #

\_\_\_\_\_  
Signature of Student Date

Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

Required Items	Enclosed
1. Entire application form completed with student signature on page 3.	
2. Two letters of recommendation.	
3. Response to four topics	
4. Report card (if you did not list your classes)	

**Thank you for completing this application. Please mail to:**

<p><b>Rhode Island Youth Leadership Forum c/o OSCIL 1944 Warwick Ave Warwick, RI 02889</b></p>
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**If you have any questions, please call Susan Shapiro at 263-7876 or Carol McKenna at 738-1013 x 10**

**Please check [oscil.org](http://oscil.org) and/or [riylf.org](http://riylf.org) for more information.**

**Accepting Applications Now  
Limited placements available**