

Kansas YOUTH LEADERSHIP FORUM



KSYLE DELEGATE APPLICATION FORM

DEADLINE FOR POSTMARK ON MAILED APPLICATION:
DECEMBER 15

- Students must complete ALL information on pages 1 through 4 of this application.
- Please type or print with black ink.
- Return the application to the address on the last page (page 4).
- Please see Fact Sheet for additional application instructions.

1. _____ 2. _____
Student's Last Name First Middle Birthdate
3. Male _____ Female _____ 4. Preferred Pronouns (*circle one*): she/her he/him they/them
5. _____
Residence Address City State Zip
6. _____
Mailing Address (*if different than above*) City State Zip
7. (_____) _____ 8. _____
(Area code) Student Cell Phone Number Student E-mail
9. (_____) _____ _____ Cell _____ Landline
(Area code) Parent/Guardian Phone Number Parent/Guardian Type of Phone (*check one*)
10. _____
Parent/Guardian E-mail
11. _____
Name of High School
12. _____
School Mailing Address City State Zip
13. _____ 14. _____
Grade level on postmark date above Date Graduation Expected



A program of the
Kansas Youth Empowerment Academy...
We're working for YOUTH!

15. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities, volunteer or work experiences.

School Activities:

Organization/Activity

Dates

(From when to when)

Grade Level at the Time

Community/Volunteer or Work Activities:

Name of Activity

Dates

(From when to when)

Grade Level at the Time

16. Please list your future top 3 Career or Job Interest(s) (*with 1 being your top choice*):

1. _____ 3. _____
2. _____

17. Please list the name of a local business or contact person in your area that works in your number 1 chosen career interest above:

Business / Person _____ Phone _____

18. Are you a youth in foster care? _____ Yes _____ No

19. Are you currently working with Kansas Rehabilitation Services? (*check all that apply below*)

_____ Vocational Rehabilitation - Name of VR Counselor: _____

_____ Pre-Employment Transition Services -

Name of Pre-ETS Specialist: _____

_____ I am not working with Kansas Rehabilitation Services.

20. Are you working with a transition coordinator at your school? _____ Yes _____ No

Transition Coordinator Name _____ Phone number _____

21. Please tell us who gave you this application:

Name _____ Relationship to You _____



Kansas Youth Leadership Forum
% KS Youth Empowerment Academy
2220 SE 29th St., Suite B
Topeka, Kansas 66605

REFERENCE FORM

TO THE APPLICANT

PLEASE PRINT OR TYPE

Name (Last) _____ (First) _____ (Middle) _____

City _____ State _____ Zip Code _____

The Kansas Youth Leadership Forum Selection Committee must receive this form by December 15.

The comments will be used for Kansas Youth Leadership Forum selection purposes only.

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

Student or Parent/Guardian Signature _____

TO THE REFERENCE

The person named above is an applicant for the Kansas Youth Leadership Forum. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

Please return this form by December 15 to the Kansas Youth Leadership Forum at the above address.

Name of Reference _____

Position/Title _____

School/Agency/Organization _____

Mailing Address _____

Phone Number _____ E-Mail _____

INFORMATION

1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths? _____

3. Describe the applicant's relationships with his or her peers_____

4. Please use the scale below to compare the applicant with other high school students you have known.

	Excellent	Good	Average	Poor	Unable to Judge
Character					
Concern for others					
Responsibility					
Leadership Potential					
Motivation					
Curiosity					
Ability to work with others					
Maturity					
Communication Skills					
Determination					
Interest in community affairs					

5. Please comment generally on the applicant's ability to communicate with others, his or her behavior in a group setting (participant or observer?), interest in community affairs and potential for becoming a leader. Attach an additional sheet if necessary.

Signature of Reference

_____/_____/_____
Date



Kansas Youth Leadership Forum
% KS Youth Empowerment Academy
2220 SE 29th St., Suite B
Topeka, Kansas 66605

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Signature of Reference

_____/_____/_____
Date

22. Onset of your disability (date) _____/_____/_____

CHECK ALL THAT APPLY:

_____ DEAF/HARD OF HEARING

_____ MENTAL HEALTH DISABILITY

_____ BLIND/VISUAL DISABILITY

_____ LEARNING DISABILITY

_____ PHYSICAL DISABILITY

_____ CHRONIC HEALTH DISABILITY

_____ INTELLECTUAL/
DEVELOPMENTAL DISABILITY

_____ TRAUMATIC BRAIN INJURY

_____ OTHER- describe: _____

23. In your own words, please tell us what your disability is and describe it. This information will ensure that we include delegates with a diversity of disabilities.

24. Please specify your ethnicity (*select all that apply*):

_____ African American _____ American Indian _____ Asian or Pacific Islander _____ Hispanic

_____ White _____ Other: please specify _____

25. Current Reading Grade Level _____

(If necessary, ask your teacher or IEP coordinator to assist you in getting this information)

26. **Letters of References**

Select two individuals to provide references for you. These individuals must be over the age of 21 and NOT related to you. **Have them complete the attached reference forms and mail them with your application.**

27. **Tell Us Your Story**

In order to determine your readiness to participate in this leadership forum, please respond to the questions below. You may submit your responses in a format of your choice (typed essay, video, or audio recording). Your total responses to these topics should not exceed two (2) typed, double-spaced pages, or five minutes of recorded response.

(1) What have you learned from having a disability?

(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.)

28. 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. Application form (4 pages)	
2. Two completed reference forms	
3. Typed or recorded response to two topics	

Signature of Student

Date

Thank you for completing this application. If you have any questions, or need help completing this application, please contact the KYEA office at 785.380.8163 or e-mail: carrieg@kyea.org. Further information, as well as this application, can be found on the KSYLF section of the KYEA website: www.kyea.org.

Please mail the completed application to:

Kansas Youth Leadership Forum
% KS Youth Empowerment Academy
2220 SE 29th St., Suite B
Topeka, Kansas 66605



KS Youth Empowerment Academy
2220 SE 29th St., Suite B
Topeka, KS 66605
Postage paid by KSDE-
652 00402