

Kansas YOUTH LEADERSHIP FORUM



KSYLF DELEGATE APPLICATION FORM

DEADLINE FOR POSTMARK ON MAILED APPLICATION:
FEBRUARY 20, 2026

- 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:

<u>Organization/Activity</u>	<u>Dates</u> (From when to when)	<u>Grade Level at the Time</u>
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Community/Volunteer or Work Activities:

<u>Name of Activity</u>	<u>Dates</u> (From when to when)	<u>Grade Level at the Time</u>
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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 _____

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

CHECK ALL THAT APPLY:

<input type="checkbox"/> DEAF/HARD OF HEARING	<input type="checkbox"/> MENTAL HEALTH DISABILITY
<input type="checkbox"/> BLIND/VISUAL DISABILITY	<input type="checkbox"/> LEARNING DISABILITY
<input type="checkbox"/> PHYSICAL DISABILITY	<input type="checkbox"/> CHRONIC HEALTH DISABILITY
<input type="checkbox"/> INTELLECTUAL/ DEVELOPMENTAL DISABILITY	<input type="checkbox"/> TRAUMATIC BRAIN INJURY
	<input type="checkbox"/> 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
150 SW 30th St.
Topeka, Kansas 66611



KS Youth Empowerment Academy
150 SW 30th St.
Topeka, KS 66611



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% KS Youth Empowerment Academy
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Topeka, Kansas 66611

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 February 20.

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

(Please detach and give to reference)
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 February 20 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
150 SW 30th St.
Topeka, Kansas 66611

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Signature of Reference

____ / ____ / ____
Date