***Connecticut Youth Leadership Forum - 2025***

**APPLICATION FORM**

**Deadline for Postmark on Mailed Application: February 21, 2025**

**- Applicants must complete ALL information on pages 1 through 4 of this application.**

**- Please type or print with black ink.**

**- You can send the application Electronically or Mail to the address on the last page (pg. 4)**

**- Please see page 5 for additional application instructions.**

# **Personal Information:**

YLF staff use gender information to enhance the experiences of all delegates by promoting inclusive, diverse, and supportive living and working environments. To help us gather this information, please choose as many of the options below as you would like:

☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say

☐ What else would you like us to know?

Please type your comments here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     

Student’s Last Name First Middle

           

Mailing Address City State Zip Code

(     )      -            /     /

Home Telephone Number (with area code) Birthdate (MM/DD/YY)

Email Address

**Ethnicity/disAbility Information:**

**Race:** Please check **all** that apply:

☐ AMERICAN INDIAN OR ALASKAN NATIVE

☐ ASIAN/ PACIFIC ISLANDER

☐ BLACK/AFRICAN-AMERICAN (NOT of - Hispanic Origin)

☐ HISPANIC

☐ WHITE (NOT of - Hispanic Origin):

**disAbility:** Please check **all** that apply:

☐ ADD/ADHD

☐ BLIND ☐ VISUAL disAbility

☐ I read with large print

☐ I read with Braille

☐ I require audio output

☐ DEAF ☐ HEARING IMPAIRED

☐ I use sign language

☐ I use live captioning

☐ I use lip reading

☐ I use an assistive listening device

☐ I use an FM system

☐ I use a loop system

☐ DEVELOPMENTAL disAbility

☐ Autism Spectrum Disorder (ASD)

☐ Traumatic Brain Injury (TBI)

☐ Intellectual disAbility (ID)

☐ Other:

☐ LEARNING disAbility

☐ MENTAL HEALTH disAbility

☐ NEUROMUSCULAR disAbility

☐ ORTHOPEDIC disAbility

☐ I use a wheelchair

☐ I use a walker

☐ OTHER (DESCRIBE)

**School and Community Involvement:**

Name of High School

                 

School Mailing Address City State Zip Code

      (     )      -

HS contact to help arrange interview HS contact telephone number (with area code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HS contact email address

Grade level on February 21, 2025 Date Graduation Expected

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

Briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities or work experiences. List the length of involvement, the grade level you were in at the time of participation, and the name of an adult contact with whom you worked.

**School Activities:**

# **Activity Adult Contact Dates Grade Level**

**Community Activities:**

# **Activity Adult Contact Dates**

**Work Experience (Paid or Non-paid):**

# **Jobs Held Adult Contact Dates**

**State Agency Involvement**

Adult Contact Dates

**ADS/BRS Level-Up Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DDS Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BESB Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other State Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References**

Please list two references. One reference **MUST** be a high school representative and one **MUST** be a community representative from outside your school.

List the name, position/title, email address and telephone number of your two references.

1.      

Name Position/Title

     

Organization Email Address Telephone Number (with area code)

2.      

Name Position/Title

Organization Email Address Telephone Number (with area code)

**Required Essay:**

Your answers to the following questions will be used to assess your potential to benefit from and contribute to this leadership Forum. Your total response to all four of these topics should not exceed four (4) typewritten, double-spaced pages. **(Responses must be double-spaced and either typewritten or printed in black ink). Remember to attach this essay when electronically submitting your application.**

1. **Leadership**– Describe what the term “leadership” means to you.

1. **Positive Influences** - In terms of leadership, tell us about two people who have positively influenced your life - (Family, teachers, counselors, friends, public officials or celebrities are appropriate examples).
2. **Experiences as a person with a disAbility** - 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).
3. **Future Plans** – Describe your plans for after high school graduation.

Thank you for completing this application - Applications must be emailed/mailed no later than February 21, 2025.

Email completed application to Stephanie Barksdale - [execdir@ctylp.org](mailto:execdir@ctylp.org)

**If you wish to print and mail this application,** sendwith a postmark of no later than February 21, 2025 to:

Stephanie Barksdale

Executive Director

152 Taylor Rd.

New Milford, CT 06776

**Authorization for Release and Disclosure of Information**

**I authorize the Department of Aging and Disability Services (ADS) for the purpose of my Connecticut Youth Leadership Forum application and receipt for vocation rehabilitation services (Level Up)** **to share information within ADS programs with the below external partner.**

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I authorize: (Name and Address of Organization that will release the information) Date:

Bureau Of Rehabilitation (BRS) to/from CT Youth Leadership Project Inc.

55 Farmington Avenue, 12th Floor 23 Rose Lane

Hartford, CT 06105-3725 Danbury, CT 06811

To release the information below To release the information below

* This information is being requested or released by Aging and Disability Services for the purpose associated with my eligibility for the provision of vocational rehabilitation services and CT Youth Leadership Forum.

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

The type of information covered is:

**Level Up enrollment from, confirmation of Level Up enrollment, Authorization to attend YLF and YLF reporting back on the experience to BRS**







Note to Recipient of Information: the confidentially of this record is required under chapter 899 of the CT general statutes. This material shall not be transmitted to anyone without authorization as provided in the aforementioned statutes.

## **Keep This Page, Do Not Mail It With Your Application**

**How Student Delegates will be Selected and Applications Instructions for Students**

1. To be eligible for the Youth Leadership Forum - 2025, the student must:
2. Have a disAbility, as defined by the Americans with Disability Act (ADA);
3. Be in 10th or 11th grade as of February 21, 2025, or if students are in non-graded/transition only programs they must be returning to high school for at least 1 year;
4. Have demonstrated leadership potential in the school and community;
5. Have **Medical Insurance**; and
6. Reside in Connecticut.
7. All students should have been in touch with their school’s BRS Level Up Counselor to register for Level Up pre-employment transition services PRIOR to submitting the application. YLF will receive reimbursement for students who are receiving Level Up services from ADS/BRS-BESB
8. Student applicants must email their completed application no later than February 21, 2025 to: Stephanie Barksdale - [execdir@ctylp.org](mailto:execdir@ctylp.org)

**If you wish to print and mail this application,** sendwith a postmark of no later than

February 21, 2025 to: Stephanie Barksdale

Executive Director

152 Taylor Rd.

New Milford, CT 06776

1. Semi-finalists will be selected and contacted by telephone to arrange a personal interview. The interview will be conducted by a panel coordinated by the Youth Leadership Project, Board of Directors. Interviews will take place in Spring 2025.
2. All applicants will be notified by letter whether they have been selected to attend the Forum. Letters will be mailed by late April - Approximately 40 students will be selected to attend.
3. After being selected, students will be asked to complete a confirmation form and provide additional information to the Planning Committee.
4. All appropriate expenses will be paid by the Youth Leadership Forum, including lodging, food, materials and interpreters for students who are deaf and personal care assistants for students with physical disAbilities.
5. Students needing any additional special support or attention please let us know at any time during the application process. ie: showering, dressing etc.

If you have any questions, contact: Stephanie Barksdale, 860-689-6868, [execdir@ctylp.org](mailto:execdir@ctylp.org)