



## ***20<sup>th</sup> Annual Youth Leadership Forum***

***August 7-12, 2022  
Dumas Bay Centre,  
Federal Way, WA***

### **Student YLF APPLICATION**

***Applications are due May 31, 2022. Any applications received after that date will be considered if space is available.***

Students must complete all \*starred information on the application and write or type clearly. If you need help or have questions call: Elaine Stefanowicz at **(360) 890-3774**.

**Mail/Email** the application to:  
GCDE YLF, Attn: Elaine Stefanowicz  
PO Box 9046  
Olympia, WA 98507-9046  
Email: [elaine.stefanowicz@esd.wa.gov](mailto:elaine.stefanowicz@esd.wa.gov)

*Students will be notified by email or text within 7 business days of receipt of their application. Follow-up information regarding travel, accommodations, etc., will be sent by email after June 10, 2022.*

## Personal Information

\*Student's Name:

\*Student's Gender:

\*Student's Date of Birth:                      Age at Start of YLF:

\*If over 18, does student have a Legal Guardian:  Yes  No

\*Student's Mailing Address:

\*Student's Email Address:

\*Student's Cell Phone Number (including area code):

\*Parent(s)/Guardian(s)'s Name:

\*Parent(s)/Guardian(s)'s Mailing Address:

Parent(s)/Guardian(s)'s Email Address:

\*Parent(s)/Guardian(s)'s Phone Number:

## School Information

\*Attending High School:  Yes  No

\*Grade Level on July 1, 2022:                      \*If graduate, date of graduation:

\*Name of High School:

\*School Phone Number:

\*Do you have an Individualized Education Program (IEP) or 504 Plan?

Yes  No \*If Yes, a copy of your most recent IEP or 504 Plan must be returned with this application.

\*Do you have a Behavioral Intervention Plan (BIP)?  Yes  No \*If Yes, a copy of your most recent BIP must be returned with this application.

## **Transition Program Information**

\*Enrolled in Transition Program:  Yes  No \*If Yes, a copy of your most recent Transition Plan must be returned with this application.

\*Name of Transition Program:

\*Name of Transition Counselor:

\*Transition Program Phone Number:

\*Are you receiving Services from the Division of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), or Department of Services for the Blind (DSB)? Yes  No

DVR Client Number:

DVR Counselor Name:

DVR Counselor Phone #:

## **Demographics (for statistical purposes only)**

*Ethnicity (select one):*  Hispanic or Latino  Not Hispanic or Latino

*Race (select one or more):*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Prefer not to answer

## **Interests**

Your answers to the following questions will be used to assess your interest and readiness to participate in Youth Leadership Forum. Please type your responses in the space provided or on separate sheets of paper and attach it to your application packet. Your total responses for all four of these topics should not exceed two (2) typewritten, double-spaced pages.

1. Describe two important experiences (good or bad) you have had as a young person with a disability. Please be specific about your examples as they relate to your disability.
2. Tell us about two leaders who have positively influenced your life and why. Family members, teachers, counselors, friends, public officials, or celebrities are appropriate examples.
3. Why do you feel you are qualified to be a participant in this Youth Leadership Forum, and why do you want to attend?
4. Describe your goals after high school graduation.



## YLF STUDENT SIGNATURE

I have completed the Youth Leadership Forum Application. I understand that this is the initial application packet, and a second packet will be provided that will include additional information and the opportunity for me to request accommodations and assistance, special dietary needs, and travel arrangements.

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*Signature of Student:*

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*Date:*

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*Signature of Parent/Guardian (if under 18):*

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*Date:*

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*Signature of Legal Guardian (if over 18, and appointed):*

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*Date:*

**Signatures can be submitted in one of the following formats:**

1. A faxed copy of the signed document;
2. A scanned copy of the signed document received by email; or
3. Photographed copies of the signed document received by email.
  - The copy must be legible in its entirety when printed and contain all pages and elements found in the document.
  - The copy must include a clear image of the customer signature and signature date.

This document must be signed and returned by May 31, 2022. Please send to:

GCDE YLF, Attn: Elaine Stefanowicz

PO Box 9046

Olympia, WA 98507-9046

Email: [elaine.stefanowicz@esd.wa.gov](mailto:elaine.stefanowicz@esd.wa.gov)



## **PROFESSIONAL ENDORSEMENT**

I \_\_\_\_\_ have requested that

*Student's Name*

*Teacher, Counselor, Mentor Name*

provide this endorsement of my application to the Youth Leadership Forum (YLF). I have provided them a copy of the YLF brochure so that they may comment on the benefit of my attendance as well as the strengths I bring to the Forum that will benefit other participants. This endorsement will be used to tailor the Forum to the needs of the participants.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature (if required) Date*

### **Professional's Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Name, address, and phone # of organization: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Years known: \_\_\_\_\_

*On the reverse side of this sheet or another sheet of paper, please provide a brief summary of the benefit this student would receive from attending YLF and what strengths the student will bring to the Forum that will benefit other participants. Your responses will not eliminate the student from the program but will be used to better tailor the program to the needs of the participants.*

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\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature (if required) Date*

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Name, address, and phone # of organization: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Years known: \_\_\_\_\_

*On the reverse side of this sheet or another sheet of paper, please provide a brief summary of the benefit this student would receive from attending YLF and what strengths the student will bring to the Forum that will benefit other participants. Your responses will not eliminate the student from the program but will be used to better tailor the program to the needs of the participants.*

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## **RELEASE FOR USE OF PHOTOGRAPHS AND QUOTATIONS**

I, \_\_\_\_\_, give my permission for the Washington State Youth Leadership Forum to print or publish photographs and videotape of me, or to use quotations from me to publicize the Youth Leadership Forum.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# YLF APPLICATION CHECKLIST

Use this list to ensure that you have completed and returned all necessary documents:

All Personal Information is complete

All School Information is complete

All Transition Program Information is complete

I have provided answers to the four \*Interests questions

All **starred** questions are fully answered

I have signed the Student Signature page

My parent/guardian has signed the Student Signature page, if necessary

I have signed the two (2) Professional Endorsements

My parent/guardian has signed the two (2) Professional Endorsements, if necessary

I have provided the Professional Endorsements to two (2) professionals

I have signed the Release for Use of Photographs and Quotations

My parent/guardian has signed the Release for Use of Photographs and Quotations, if necessary

I have attached a copy of my IEP, 504, BIP, and/or Transition Plan