



ARIZONA YOUTH LEADERSHIP FORUM

For Students Who Have Disabilities

AZYLF: A to Z...It's YOUR Life!

2015



OPPORTUNITY FOR HIGH SCHOOL STUDENTS, RECENT GRADUATES, AND OTHER TRANSITIONING YOUTH

Please see the accompanying application to apply to attend

Arizona Youth Leadership Forum

For Students Who Have Disabilities (AZYLF).

AZYLF is a six-day program that includes many exciting, informative activities to help you with your transition from high school to the world of work or further education. AZYLF will be held at Arizona State University Downtown Campus in Phoenix Arizona, **June 21-26, 2015.**

Students and transitioning youth who have disabilities, are invited to apply, and recruit others to apply for this life changing opportunity!

The accompanying application may be duplicated and distributed as necessary. Completed application packets must be received by **Tuesday, March 31, 2015.** You are encouraged to start the application process early to ensure arrival of all materials by the due date. Only 25 youth who have disabilities will be selected to attend!

AZYLF is intended to serve Arizona High School Students who will be a Sophomore, Junior, or Senior during the 2015-16 school year.

Youth who have recently graduated or who are in transition, are encouraged to apply and will receive selection consideration.

AZYLF is a collaborative effort between Arizona Statewide Independent Living Council, Arizona Rehabilitation Services Administration, and other invested partner organizations.

There is no cost for you to attend.

If you have any questions about AZYLF, please contact

Melissa Ann Santora

(602) 262-2900 or melissa@azsilc.org.

PLEASE DON'T DELAY

APPLICATION DUE DATE: March 31, 2015!

APPLY ON-LINE at: www.azylf.org

DELEGATE SELECTION PROCESS

1. **To be eligible** to be selected as Delegate to Arizona Youth Leadership Forum, youth must:
 - (a) Have a disability (as defined by the Americans with Disabilities Act – (ADA);
 - (b) Be in 10th, 11th, or 12th grade in 2015-16, be a recent graduate or otherwise in transition;
 - (c) Have demonstrated leadership potential in school and/or the community; and,
 - (d) Reside in Arizona
2. Delegate applicants must mail, fax, scan, or electronically submit the completed application packet to Arizona Statewide Independent Living Council/AZYLF BEFORE Tuesday, March 31, 2015. On-line application: www.azylf.org
3. Selected Delegate applicants will be contacted to arrange for a telephone interview. The interview will be conducted by panel, and will occur prior to April 15, 2015.
4. All applicants will be notified of the status of their selection by April 30, 2015. Only 25 youth will be selected to attend.
5. After being selected, Delegates will be asked to complete a confirmation form, provide additional information, and perform a service project in their community prior to attending AZYLF.
6. All appropriate expenses will be paid by Arizona Youth Leadership Forum, including such expenses as travel (for distances totaling more than 100 miles round trip), lodging, meals, interpreters, materials in alternative formats, and personal care assistance services.

RULES OF CONDUCT FOR ARIZONA YOUTH LEADERSHIP FORUM

Youth, referred to as Delegates, are selected to attend Arizona Youth Leadership Forum (AZYLF) based upon their leadership potential and skills. Therefore, students are expected to behave accordingly, and must:

1. Be punctual and follow the scheduled program. Attendance at all sessions is mandatory. You must remain with your assigned group at all times. Wake up and lights out times are set for all participants.
3. Maintain a respectful attitude toward peers, presenters, and AZYLF staff.
4. Respect the facilities (maintaining the condition of dormitory rooms and all other areas). Participants will have to pay for property damage they cause and for lost room keys or linens.
5. When not in assigned groups, males and females are restricted to their own assigned rooms at all times. All other campus residence halls and facilities are off limits. No co-ed visitation is allowed.
6. Possession or use of alcohol, tobacco, or illegal substances is strictly prohibited. (Prescription or approved medications require verification and self-administration is required. Medication reminders will be provided.)
8. Headsets, radios, electronic devices, and cellular phones are NOT permitted during AZYLF activities. Use of such will only be permitted during designated breaks. Parents/Guardians will have access to an emergency telephone number.

Any violations of these rules will result in Delegates being sent home immediately at the expense of their parent/guardian. Your application to Arizona Youth Leadership Forum confirms your acceptance of these rules.

Remember the responsibility that goes with the honor of being selected to AZYLF... and plan to have a great time!

APPLICATION INSTRUCTIONS

Please complete the attached application and submit BEFORE Tuesday, March 31, 2015 to:

Melissa Ann Santora
Arizona Statewide Independent Living Council/AZYLF
5025 E Washington St, #214
Phoenix AZ 85034

Phone: (602)262-2900

E-mail: melissa@azsilc.org

FAX: (602)271-4100

OR APPLY ONLINE: www.azylf.org

(KEEP THIS PAGE. DO NOT RETURN WITH APPLICATION)



APPLICATION FORM

APPLICATION PACKET MUST BE RECEIVED BY TUESDAY, MARCH 31, 2015!

For clarification or to request application materials in alternative formats, please contact: Melissa Ann Santora (602)262-2900 or melissa@azsilc.org

- ⇒ Applicants must complete ALL information on pages 1-3 of this application.
- ⇒ Please type or print legibly.
- ⇒ Before 3/31/15, mail, fax, or email the application as directed on instruction page, OR APPLY ON-LINE at: www.azylf.org.

1. _____ 2. Male Female
 Applicant Last Name First Middle

3. _____ 4. _____
 Ethnicity (optional) County of Residence

5. _____
 Residence Address City State ZIP

6. _____
 Mailing Address, if different than above City State ZIP

7. _____ 8. () _____
 Applicant E-Mail Address Area Code Applicant Telephone Number

_____ () _____
 Parent/Guardian E-Mail Address Area Code Parent/Guardian Telephone Number

9. _____ 10. _____
 Applicant Date of Birth Current Grade Level

11. _____ 12. _____
 Name of School City Expected Graduation Year/Year Graduated

13. _____
 Name of School Representative (Someone who knows you well.) Title/Position

14. _____
 School Representative Phone Number and/or Email Address

15. What is/are your disability/disabilities? _____

16. What areas of your life do you notice that your disability challenges you? (For example: learning, getting around, seeing, hearing, speaking, writing, reading, driving, socially, emotionally, doing things for and by myself, etc.)

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

Activity

Dates of Involvement

18. What is your current work/career goal? _____

19. _____
Name of Arizona Senate Representative in your State Legislative District

AZ Legislative District Number

20. _____
Name of Arizona State House Representative in your State Legislative District

AZ Legislative District Number

21. _____
Names of Local Newspapers (Please list at least one)

22. Did anyone assist you in completing this application?

YES

NO

If so, please specify who: _____

Letters of Recommendation:

Please attach two letters of recommendation which describe your skills, abilities, and experience in self-advocacy, leadership, ability to work collaboratively with others, and overall qualities and attributes. It is preferred that one letter be from a school representative and one letter be from a community representative.

Below, please list contact information for the two people who will write these letters:

Name Organization Title/Position

()

Area Code and Telephone Number and/or E-mail Address

Name Organization Title/Position

()

Area Code and Telephone Number and/or E-mail Address

Required Essay:

Your answers to the following questions will be used to assess your readiness to participate in AZYLF 2015. Please submit your responses on separate paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced pages.

(a) QUALIFICATIONS - Please explain why you feel you are qualified to be a Delegate to AZYLF 2015, and why you would like to attend.

(b) POSITIVE INFLUENCES - In terms of leadership, please tell us about two people who have positively influenced your life, and how they did so? (Family members, teachers, counselors, friends, public officials or celebrities are appropriate examples.)

(c) EXPERIENCES AS A PERSON WHO HAS A DISABILITY - Please describe two important experiences you have had as a young person who has a disability, and how those experiences have impacted your life.

(d) FUTURE PLANS - Please describe any plans you have for your future, in regard to matters such as: education, employment, home and community living.

By my signature, I attest that this application is accurate to the best of my knowledge:

Signature of Applicant Date

By my signature, I attest that this application is accurate to the best of my knowledge:

Signature of Parent/Guardian (if applicable) Date

Please keep a photocopy of this application for your records.

Please use the checklist below to ensure that your application is complete. Incomplete applications will not be considered.

Required Items	Completed
1. Application form (3 pages)	
2. Two letters of recommendation	
3. Essay (response to four topics)	