



# SCRS-IL YOUTH LEADERSHIP SUMMIT FOR STUDENTS WITH DISABILITIES

## 2023 YOUTH LEADERSHIP SUMMIT FOR STUDENTS WITH DISABILITIES APPLICATION

Only Typed Applications Will Be Accepted!

My parent/guardian is aware I am submitting this application (required if under 18)

### **Student Information**

First Name

Middle Name

Last Name

What is your Birth Date? (DD/MM/YYYY):

With What Gender do you identify?

Male

Female

Other:

Home Address (no PO Boxes)

City, State, Zip

County of Residence

Applicants Phone Number:

Applicant's Email Address:

Parent/Guardian Name:

Parent/Guardian's Phone Number:

Parent/Guardian's Email Address:

### **Race / Ethnicity**

Please specify your race and ethnicity from the checklist. Check all that apply:

Asian

Asian Indian

Cambodian

Chinese

Filipino

Japanese

Korean

Laotian/Hmong

Vietnamese

Other Asian Group



Hispanic and/or Latino

Cuban

Mexican/Mexican American

Puerto Rican

Other Hispanic/Latino Groups

Native Hawaiian or Other Pacific Islander Group

Guamanian/Chamorro

Hawaiian

Samoaan

Other Pacific Islander

Other Groups

American Indian/Native American

Other Racial Group:

White

Black/African American

\_\_\_\_\_  
Choose not to identify

## **Disability Information**

Please check all that apply to your disability:

Sensory

Blind

Deaf

Low Vision

Hard of Hearing

Other:

Chemical or Environmental Sensitivity

Communication (verbal, speech, other)

Immune (e.g. Crohn's disease, rheumatoid arthritis, other)

Intellectual/Developmental (e.g. acquired brain injury, down syndrome, Epilepsy, cerebral palsy, autism, Asperger's syndrome, other)

Learning (e.g. dyslexia, dyscalculia, attention deficit disorder, other)

Mental Health or Behavioral Health

Mobility (e.g. spinal cord injury, muscular dystrophy, other)

Other:



## **Accommodation Needs**

Please check any of the following reasonable accommodations which will allow you to fully participate in the YLS program. This information will be used in the planning of the program, but will not be taken into consideration when choosing delegates. I use:

American Sign Language Interpreter

Personal Care Attendant

Real-Time Captioning (CART)

Power Wheelchair

Audio Description

Manual Wheelchair

Materials in Alternate Formats

Other Mobility Aid

Other (Please Describe):

## **School Information**

Name of School:

Current grade level:

Sophomore

Junior

Senior

## **Post-Secondary Education Transition**

What are your plans after high school? (Check all that apply)

Apprenticeship Program

2-Year College Degree

Certification Program

4-Year College Degree

Other:

What career fields are you interested in? (Check all that apply)

Agriculture

Computer &

Legal & Criminal

Business

Technology

Justice

Education

Government

Social Services

Design & Arts

Health Sciences

Transportation

STEM (Science, Technology, Engineering, Math)

Skilled Trades (Construction, Automotive, Electrical, etc.)

Other:



## **Essay: Please Tell Us About Yourself**

Please answer the two questions below on a separate piece of paper. These questions should be typed using font size 14 and double-spaced pages, and should not exceed three pages.

### **Question #1: Autobiography**

Describe your experience as a youth with a disability and how it has impacted the person you are today.

### **Question #2: Your vision for the future**

How will you use your experiences to shape your future and the future of your community?



## **Programs and Services You Currently Receive**

### **Vocational Rehabilitation Services:**

Are you currently receiving services from the **Department of Rehabilitation (DOR)?**      Yes      No

### **Developmental Disability Services**

Are you currently receiving services from a **Regional Center (RC)?**

Yes      No

If Yes, please provide the following information for your counselor:

Name:

Location:

### **Independent Living Center Services**

Are you currently receiving services from an **Independent Living Center (ILC)?**

Yes      No

If Yes, please check the box of the ILC below:

SCRS

CALIF

DCRC

ILCSC

CAC

SCIL

DRC

Rolling Start

DMC



## Final Preparation

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

### Completed

### Required Items

Completed and Signed Application

Essay

How did you hear about the YLS?:

Social Media (Facebook, Instagram, etc.)

School

Other:

RC Counselor

Please email your completed application, signature and acknowledgments page, and supporting documents to the YLS planning staff at [YLS@scrs-ilc.org](mailto:YLS@scrs-ilc.org), with the subject line “First Initial Last Name YLS 2023 Student Application” (For example, “A. Applicant YLS 2023 Student Application”)

If you need additional assistance in submitting your application, please contact us:

- (562) 862-6531 (voice)
- [yls@scrs-ilc.org](mailto:yls@scrs-ilc.org) (email)

Please keep a copy of the application packet for your records.

See page 7 of the application for Digital Signatures and Acknowledgements



## **Signatures and Acknowledgements**

If you complete the application process and are selected as a Delegate for the Youth Leadership Summit, you will be expected to take your new leadership skills and knowledge back to your community with the help of resources you accessed and discovered at YLS. Please do not apply if you do not plan to continue your leadership work in your community.

By submitting this application packet (and any additional documents if I am selected as a delegate), my parent/guardian and I consent to any information being released confidentially to the YLS planning partners. This information is used to determine eligibility to be selected as a delegate to attend the YLS. All partners will confidentially maintain any information.

If you agree to these consent items and check below to sign electronically, you agree to the following:

- You confirm that you are the person(s) identified on the below lines and sign on your own behalves.
- The 2023 YLS application document is for the SCRS-IL planning Committee. YLS staff will also keep a copy of the document and the accompanying electronic acknowledgment.

Name of Student (Typed)

Today's Date

Check here for student acknowledgment

Name of Acknowledging Parent or Guardian (Typed)

Today's Date

Check here for Parent or Guardian acknowledgment