



2015 STUDENT DELEGATE APPLICATION

☐ If under 18, my parent/guardian is aware I'm submitting this application.

I. Personal Information

- 1. Student's First Name Middle Last
2. With which gender do you identify:
3. Birth date:
4. Please specify your ethnicity (optional):
5. Home address City Zip code
6. California county of residence:
7. Mailing address (if different than above) City Zip code
8. Student's phone number: ()
9. Parent/Guardian's phone number: ()
10. Student's email address:
11. Parent/Guardian's email address:

II. School Information

- 12. Name of high school:
13. Current grade level:
14. Current reading level:
15. Month and year you plan to graduate:
16. Did you apply to attend YLF last year?
☐ No ☐ Accepted and did not attend ☐ Chosen as alternate

III. Disability Information

17. Please check **all** that apply to your disability:

Deaf

I use American Sign Language (ASL)

I use real time captioning

Hard of Hearing

I use American Sign Language (ASL)

I use real time captioning

I use hearing aids or a hearing device

Blind/Low Vision

Mental Health Disability (e.g. anxiety, depression, bipolar disorder, obsessive compulsive disorder, other)

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

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

I use a wheelchair or scooter

I use a walker or crutches

Intellectual Disability/Developmental Disability (e.g. acquired brain injury, down syndrome, epilepsy, cerebral palsy, other)

Autism (e.g. Asperger's, autism spectrum)

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

Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)

Chemical/Environmental Sensitivity

Name of Disability(s): _____

Student's Last Name

First Name

IV. School and Community Involvement

What activities are you involved in? (e.g. student leadership, club memberships, sports, other after school activities, volunteer experience, internships, religious activities or work experiences)

A. Name of Organization: _____

Name of Activity: _____

How long have you participated? _____

B. Name of Organization: _____

Name of Activity: _____

How long have you participated? _____

C. Name of Organization: _____

Name of Activity: _____

How long have you participated? _____

Add additional pages if needed.

Student's Last Name

First Name

V. Programs and Services You Currently Receive

18. Department of Rehabilitation (DOR):

If you are currently a client of the DOR, please list:

DOR Branch Office: _____

DOR Counselor's Name: _____

DOR Counselor's phone number: (____) _____

DOR Counselor's email address: _____

19. Transition Partnership Program (TPP):

If you are currently in a TPP, please list:

Program School/Site: _____

Transition Counselor's Name: _____

Counselor's phone number: (____) _____

Counselor's email address: _____

20. Regional Centers (RC):

If you are currently receiving services from a RC, please list:

Name of Regional Center: _____

Case Manager's Name: _____

Case Manager's phone number (____) _____

Case Manager's email address: _____

If you are a TPP, DOR, or RC client, please tell your counselor you are applying for YLF.

Student's Last Name

First Name

VI. Essay: Tell Us About Yourself

Please attach your answers to the following questions in at least 1-3 typed, double-spaced pages. We would like you to tell us about yourself, your leadership potential and what ideas you have as a future leader of California.

Area #1: Autobiography

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

Area #2: Leadership

Has your disability shaped you as a leader and in what ways?

Area #3: Your vision for the future

Tell us about a role model and how the person has shaped your vision for the future.

Remember, there are no right or wrong answers. You will not be graded or judged on your writing skills. We just want to get to know YOU!

VII. Legislative Information

A. _____
State Senate Representative's Name* District Number

B. _____
State Senate Representative's Name* District Number

* You can find this info at <http://findyourrep.legislature.ca.gov/>

VIII. Letter of Recommendation

This is your opportunity for us to learn more about your leadership skills. Attach one or two letters of recommendation. The letter can be from a high school teacher, counselor, administrator, or from a community representative outside of your school. Do not include letters from a relative or family member.

Student's Last Name

First Name

IX. Final Preparation

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

Required Items	Completed
1. Completed Application	<input type="checkbox"/>
2. Attached Essay	<input type="checkbox"/>
3. Attached One or two letters of Recommendation	<input type="checkbox"/>

Did anyone assist you in completing this application? Yes No

If yes, please specify who: _____

Which parts: _____

How did you hear about YLF? _____

May we share your contact information with the CA YLF Alumni Alliance and Youth Organizing (YO!) Disabled and Proud <http://yodisabledproud.org/>? Yes No

By submitting this application, I and my parent/guardian authorize my application to be confidentially reviewed by the selection panel.

Signature of Student

Today's Date

Signature of Parent or Guardian (if student is under 18)

Today's Date

Thank you for completing this application. Please e-mail your completed application to YLF@dor.ca.gov.

If you need additional assistance in submitting your application, please contact us (855) 894-3436 (voice) • For relay services please call 711 • ylf@dor.ca.gov (email)

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