

**11th Annual
IL Youth with Disabilities Leadership Summit
Lead On!
July 26 - 29, 2009
University of Illinois at Urbana-Champaign Campus**

Application Packet

Application must be postmarked by *June 12, 2009*

This application is available in braille, large print or diskette. Please call Tara Dunning at 217-744-7777 (v/tty) for a copy in alternate format.

Please complete ALL the information on this application. All questions must be answered and requested letters and information provided.

Please type or print.

Please use this checklist to make certain your application is complete.

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

Mail this completed application to:

Tara Dunning, Summit Project Manager
Statewide Independent Living Council of Illinois
510 East Monroe Street - 3rd Floor
Springfield, Illinois 62701

**PLEASE APPLY AND SPREAD THE WORD TO OTHER YOUNG LEADERS WHO
MAY BE INTERESTED.**

THE ENCLOSED APPLICATION FORM MAY BE DUPLICATED AND DISTRIBUTED.

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APPLICATION**

Name:

Address:

City:

State:

Zip Code:

Parent/Guardian Name:

Home Telephone: ()

E-Mail:

Alternate Telephone: ()

Whose phone is this?

Date of Birth:

Age:

Female

Male

Race/Ethnic Group:

African American

Asian American

Caucasian

Hispanic/Latino

Native American

Other: _____

Please describe your disability. This information will assist in assuring that we include participants with a diversity of disabilities.

Disability (medical diagnosis):

What accommodations would be required for you to participate in the Youth Leadership Summit? Note: No one has ever been denied based upon an accommodation need.

DEAF

BLIND

HARD OF HEARING

VISUAL DISABILITY

I use sign language

I read with braille

I use real time captioning

I read with large print

I use lip reading

I prefer information on CD

MENTAL HEALTH DISABILITY

ORTHOPEDIC DISABILITY

NEURO/MUSCULAR DISABILITY

I use a wheelchair

LEARNING DISABILITY

I use a cane / walker

DEVELOPMENTAL DISABILITY

I cannot walk long distances

Describe: _____

I use a Personal Care Attendant

Multiple Disabilities

Autism

Traumatic Brain Injury

Down Syndrome

Other: _____

How can your community benefit from your participation in this Leadership

Summit? (For example: Setting up a peer mentoring group at school, writing letters to the editor, contacting legislators, volunteering at a Center for Independent Living).

School and Community Involvement

Below, please 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 you worked with.

Name of Activity:

Supervisor:

Dates you were involved:

Grade Level:

Name of Activity:

Supervisor:

Dates you were involved:

Grade Level:

Name of Activity:

Supervisor:

Dates you were involved:

Grade Level:

Letters of Recommendation

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. Letters can be written by a teacher, employer, family member, parent/guardian.

List name, position/title, organization and daytime phone number of the two people who write these letters.

Name:

Title:

Organization:

Telephone Number: ()

Name:

Title:

Organization:

Telephone Number: ()

