

8. _____
High School Rehabilitation or Guidance Counselor's or Special Education Teacher or Transition Specialist's Name who recommended you

9. Name of High School _____

10. _____
School Mailing Address

City State ZIP

11. _____
(Area Code) School Telephone Number

12. Your Birth date: _____ Date of Expected Graduation: _____

13. Local newspaper/radio/TV/other media: _____
(What stations do you listen to, what newspaper do you look at?)

14. In your own words, describe your disability. (This information will assist in assuring that we include delegates with a diversity of disabilities and match with appropriate mentors.)

15. Please list any allergies, allergic reactions you may have and any medications that you are currently taking:

16. Race/Ethnicity: Native American _____ Asian _____ Black _____ Hispanic _____
White (non-Hispanic) _____ Other _____

17. Information for New Mexico Vocational Rehabilitation Services (NM DVR) If you are currently a client of the New Mexico Vocational Rehabilitation Services, please name your DVR Counselor:
Name: _____ City _____ Phone: _____

18. Please list the school classes you are currently enrolled. _____

19. Current grade reading level: _____ (ask your teacher/counselor for help.)

20. If you need accommodations, please describe: _____

Will you be bringing your personal care attendant? Yes ___ No ___

Name of your attendant _____

21. School and Community Involvement or School and Community Activities

Briefly tell us about your involvement with your school and community (since 9th grade). This may include any offices you have held, club memberships, after school activities or work experiences. Include the length of involvement, your grade level at the time of participation, and the name of an adult with whom you worked.

22. Tell us a little about yourself:

Your responses to the five topics listed below will be used to assess your eligibility to participate in this leadership forum. You may respond by writing your answers on paper, using email, recording your answers on tape, you may videotape yourself, or come up with other mediums to answer the four topics. Send your responses along with your completed application packet.

- (a) Interest – Tell us why you would like to be a part of the Youth Leadership Forum this year.
- (b) Qualifications - Explain why you are qualified to be a delegate to this forum and why you want to attend.
- (c) Positive Influences - In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, or public officials are appropriate examples.)
- (d) Experiences as a Person with a Disability - Describe two important experiences you have had as a young person with a disability. (Please be specific about your examples as they relate to your disability).
- (e) Future Plans - Describe your goals for the future.

23 Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

Required Items	Enclosed
1. Application form (4 pages)	
3. Tell us about yourself (response to five topics)	
4. School/Community Activity Sheet	
5. Releases for Media & Treatment (attached)	

References: List name, position/title, organization and telephone number of the two people that we may contact.

(1) _____
Name **Title or Occupation**

Organization **Mailing Address**

City, **State** **Zip** **(Area Code)Telephone Number**

(2) _____
Name **Title or Occupation**

Organization **Mailing Address**

City, **State** **Zip** **(Area Code)Telephone Number**

My signature indicates that I am willingly applying for New Mexico Highlands University's Youth Leadership Forum. I understand that if I am accepted to the Forum that I will complete the three day experience. If I am unable to attend I will notify New Mexico Highlands University within 72 hours of arrival.

Signature of Student **Date**

If selected, my child has permission to participate in the Youth Leadership Forum for Students with Disabilities. I have also signed the attached release which gives Vistas Sin Limites and NMHU permission to seek medical intervention in case of a medical emergency and allows Vistas Sin Limites and NMHU authorization to use photographs of your son/daughter for media coverage.

Signature of Parent/Guardian **Date**

If you would like to have this application packet in an alternate format, please contact (505) 454-3525.

Thank you for completing this application. Please mail it or e-mail it to the address below. If you have any questions, please contact:

Vistas Sin Limites @ NMHU Attn: YLF Committee
Box 9000
Las Vegas, NM 87701
(505) 454-3525 fax: (505)-454-3524
(505) 426-2037 (V/TTY)
vistassinlimites@nmhu.edu