

**OPPORTUNITY FOR HIGH SCHOOL STUDENTS, RECENT GRADUATES,
AND OTHER YOUNG ADULTS WHO HAVE DISABILITIES**

Please see the accompanying application to be considered for selection to
**Arizona Youth Leadership Forum for Students and Young Adults Who Have
Disabilities, Who Are Experiencing Transition to Adulthood (AZYLF)**

AZYLF is an innovative, 6-day conference, designed to foster personal growth for students and young adults who have disabilities, as they prepare for and progress through transition to adulthood. AZYLF believes leadership is a personal journey, and begins with maximizing leadership roles and responsibilities in your own life. AZYLF provides experiential learning opportunities to assist each individual as they identify and embrace their strengths and gifts, in conjunction with planning for their future. In 2018, there will be two Arizona Youth Leadership Forums!

- AZYLF Flagstaff: June 15-20, 2018 at Northern Arizona University (NAU) in Flagstaff
- AZYLF Phoenix: July 16-21, 2018 at Arizona State University (ASU) in Phoenix

Students and young adults who have disabilities, who are working through transition to adulthood, 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 **11:59pm on Sunday May 20, 2018**. 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 participate in each location!

AZYLF is intended to serve youth who have a variety of disabilities and diversities. Therefore, Arizona youth who will have completed at least one year of high school by June, those who have recently graduated, or those young adults who continue to navigate transition, are encouraged to apply and will receive selection consideration.

AZYLF is a collaborative effort between Arizona Statewide Independent Living Council, Diverse Ability Incorporated, AZYLF Alumni Association, and other invested partner organizations.

There is no cost for you to participate.

PLEASE DON'T DELAY

APPLICATION DUE DATE: May 20, 2018!

APPLY ON-LINE at: <https://azsilc.wufoo.com/forms/r1jol9bf1d2xobs/>

WHO PARTICIPATES IN AZYLF?

Youth who have disabilities, referred to as Delegates, who demonstrate leadership potential, an interest in embracing and enhancing their lives, and who wish to interact effectively with other youth and elders are a great fit for AZYLF. There is a place at AZYLF for any eligible youth or young adult who wishes to learn, grow, and contribute to the experience. Accommodations are available to maximize access for all. It is essential to the dynamic process of AZYLF that there is diversity in all aspects. Everyone has something to offer, and AZYLF encourages youth to identify and take pride in who they are as a person, and how they choose to establish themselves in the world.

WHAT HAPPENS AT AZYLF?

In each location, AZYLF brings together up to 25 youth who have disabilities from across Arizona for a 6-day experience that focuses on self-discovery, leadership development, career exploration, effective advocacy, and empowers through heightened awareness of disability history and culture. Through Person Centered Planning, Delegates are assisted in developing a Personal Leadership Plan which includes specific action items, as they return to their home communities. Delegates become a voice for their peers as they serve to inform the Arizona State Plan for Independent Living. Delegates are assigned a mentor for on-going support for one year after AZYLF, and are offered continued connection through joining the thriving AZYLF Alumni Association, following graduation.

Although purposeful and relevant, the true value of AZYLF is not found in a workbook or in the words of an accomplished presenter, it is found in the climate of trust, mutual respect, and absolute acceptance, which allow youth to be themselves, to be heard, and to be changed. AZYLF invests in our most precious resource, the youth who will transform our tomorrows.

WHY HAVE AZYLF?

Youth who have disabilities have both more opportunities and more challenges than at any other time in our history. The Americans with Disabilities Act (ADA) has created unprecedented opportunities for youth to fully develop as positive, contributing members of our society. However, many need encouragement, to develop as leaders in their own lives, and in their communities. AZYLF allows youth opportunities to learn from each other and from successful elders who have disabilities. AZYLF not only benefits the Delegates, but all young people, our communities in general, and the elders who assist in producing the conference.

HOW MUCH DOES AZYLF COST?

Participation for Delegates is free of charge. Actual costs are calculated at \$1,500 per Delegate, which does not include in-kind goods and services donated by volunteers and supporters.

DELEGATE SELECTION PROCESS

- To be eligible for selection as a Delegate to Arizona Youth Leadership Forum, youth must:
 - Have a disability that you acknowledge and that others regard you having;
 - Have completed at least one year of high school by June, be a recent graduate, or a young adult working through the process of transition to adulthood;
 - Have the desire to interact effectively with peers and elder role models;
 - Have demonstrated leadership potential in school and/or the community;
 - Reside in Arizona
- Delegate applicants must mail, fax, scan and email, or electronically submit the completed application packet by 11:59pm on Sunday, May 20, 2018.
- Because the application deadline has been extended, we will be responding to applicants to arrange for telephone interviews, as applications are received. Successful applicants will be notified of their selection as Delegates, as soon as possible following their interview.
- After being selected, Delegates will be required to complete a confirmation form, provide additional information, and perform 5 hours of service to others in their community, before attending AZYLF.
- All lodging and related expenses will be covered Arizona Youth Leadership Forum, including all on and off campus activities, accommodations such as: ASL interpreters, materials in alternative formats, and personal care assistance services. A travel stipend (for distances totaling more than 100 miles round trip), is available.

****PLEASE NOTE: AZYLF Graduates are NOT eligible to return as Delegates, and are encouraged to engage with the AZYLF Alumni Association. Visit: www.azylf.org/azylf-alumni-association/****

APPLICATION INSTRUCTIONS

Please complete the attached application and submit by 11:59pm on Sunday, May 20, 2018 to:

Melissa Ann "Mellie" Santora

PO Box 46354

Phoenix AZ 85063

Phone: (602)425-5135

E-mail: melissa@azsilc.org

FAX: (602)271-4100

OR APPLY ONLINE: <https://azsilc.wufoo.com/forms/r1jol9bf1d2xobs/>

For More Information, please contact Mellie using the contact information above and/or visit:

www.azylf.org and/or: www.facebook.com/AZYLF/

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. Delegates are expected to conduct themselves accordingly, and must:

- 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 are scheduled for all participants.
- Maintain a respectful attitude toward peers, presenters, and AZYLF staff.
- Respect the facilities (maintaining the condition of dormitory rooms and all other areas). Participants will be charged for property damage they cause, and for lost room keys or linens.
- When not in assigned groups, Delegates are to be in their own assigned rooms. All other campus residence halls and facilities are off limits. Visitation in common areas is allowed, when scheduled and supervised.
- Possession or use of alcohol, tobacco, or illegal substances is strictly prohibited. *(Prescription or approved medications require documentation. Medication reminders and requested accommodations will be provided.)*
- Headsets, radios, electronic devices, and cellular phones are NOT permitted during scheduled AZYLF activities. Use of such items will only be permitted during designated breaks, unless they have been identified as an accommodation. An emergency telephone number will be provided to Parents/Guardians/identified Supporters.
- Participate in one year of mentoring following graduation, and respond to questionnaires and surveys regarding AZYLF, and post-AZYLF mentoring experiences, as requested.

Any violations of these rules will result in Delegates being sent home immediately at the expense of themselves or 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!**

IN ADDITION TO THE APPLICATION

Required Essay:

Your answers to the following questions will be used to assess your readiness to participate in AZYLF 2018. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced pages. Please provide your responses along with your completed application packet by 5/20/18.

- (1) OPPORTUNITY - Please describe what it would mean to you to be selected to participate in AZYLF, and how you feel you would positively contribute to AZYLF?
- (2) POSITIVE INFLUENCES - Please identify two people who have positively influenced your life in terms of their leadership, and describe how they did so? (*Family members, teachers, counselors, friends, public officials, cultural heroes, or celebrities are acceptable examples.*)
- (3) PERSONAL DISABILITY EXPERIENCE - Please describe how you feel about having your disability, how you communicate about your disability to others, and what you have learned about yourself, because you have your disability.
- (4) FUTURE PLANS - Please describe any plans you have for your future, in regard to matters such as: education, employment, career, home life, and community living.

Letters of Recommendation:

Two letters of recommendation which describe your skills, abilities, and experience in self-advocacy, leadership potential, ability to work collaboratively with others, and overall qualities and attributes are required. It is preferred that one letter be from an educational representative and one letter be from a community representative, if possible.

Letters of Recommendation can accompany your application or can be sent individually to:

Melissa Ann "Mellie" Santora

AZSILC/AZYLF	Email: melissa@azsilc.org
PO Box 46354	Fax: 602-271-4100
Phoenix AZ 85063	

Recommenders can also complete an online recommendation at:

<https://azsilc.wufoo.com/forms/r3bo17l1rgro8w/>

***For clarification or to request application materials in alternative formats, please contact:
Melissa Ann "Mellie" Santora (602)425-5135, or melissa@azsilc.org***

(KEEP PAGES 1-5 FOR YOUR REFERENCE. APPLICATION STARTS ON PAGE 6.)



ARIZONA YOUTH LEADERSHIP FORUM
 for Students and Young Adults Who Have Disabilities,
 Who Are Experiencing Transition to Adulthood
 AZYLF: A to Z... It's YOUR Life!

2018 APPLICATION

Applicants must complete and return ALL information on pages 6-8 in addition to providing answers to the 4 Essay Questions (pg. 5), and 2 Letters of Recommendation (pg. 5) BEFORE 11:59pm on Sunday 5/20/18 to receive consideration for selection as a 2018 Delegate.

Please type or print legibly, then mail, fax, scan and email, OR APPLY ON-LINE at:

<https://azsilc.wufoo.com/forms/r1jol9bf1d2xobs/>

I would like to be considered for selection to attend:

- Either of the 2018 AZYLF Conferences
- Only AZYLF Flagstaff (June 15-20, 2018)
- Only AZYLF Phoenix (July 16-21, 2018)

1. _____
 First Middle Last Name Preferred Name/Nickname Used

2. Gender Identity _____ 3. _____
 Date of Birth Age

4. _____ 5. _____
 Ethnicity (optional and appreciated) Arizona County of Residence

6. _____
 Residence Address City State ZIP

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

8. _____ 9. (____) _____
 Applicant E-Mail Address Area Code Applicant Telephone Number

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

10. _____ 11. _____
 Current Grade or Educational Level Expected Graduation Year/Year Graduated

12. Are you in School? Yes No If yes, _____
Name of School City

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

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

15. What is your disability/disabilities? (*What is your disability/are your disabilities called? If unknown, ask your parent, teacher, doctor. Please be as specific as possible.*)

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 service you have completed, club or group memberships, offices you have held, after school activities, or work experiences.

Activity	Dates of Involvement
_____	_____
_____	_____
_____	_____
_____	_____

18. What is your current work/career goal? What do you want to do in the future?
(*Work-what kind?, School-for what?, Volunteer-where?*)

19. Did anyone assist you in completing this application? YES NO

If so, please specify who: _____

20. Did anyone refer/encourage you to submit this application? YES NO

If so, please specify who: _____

Letters of Recommendation: Please provide two letters of recommendation which describe your skills, abilities, and experience in self-advocacy, leadership potential, ability to work collaboratively with others, and overall qualities and attributes. It is preferred that one letter be from an educational representative and one letter be from a community representative, if possible.

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

Name (____)	Organization Title/Position
Area Code and Telephone Number	E-mail Address

Name (____)	Organization Title/Position
Area Code and Telephone Number	E-mail Address

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

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

Signature of Parent/Guardian (if applicable)	Date
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Please keep a photocopy of this application for your records. Please use the check boxes below to ensure that your application is complete. Incomplete applications will not be considered.

- Application (3 pages, numbered 6, 7, 8)
- Two Letters of Recommendation (enclosed or submitted by Recommender)
- Essay (Response to 4 topics as found on page 5)