



### **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): \_\_\_\_\_

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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.

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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.

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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](mailto: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](mailto:ylf@dor.ca.gov) (email)

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