

**12th Annual
IL Youth with Disabilities Leadership Summit
July 25 - 28, 2010
University of Illinois at Urbana-Champaign**

About the Summit

The Illinois Youth with Disabilities Leadership Summit is an innovative and exciting four-day leadership program for young people ages 17 to 24 that have any type of disability.

The Summit will be held July 25 through July 28, 2010 at the University of Illinois at Urbana-Champaign.

There is NO COST TO YOU. That is right, if you are selected to attend the Summit all expenses are paid by the Statewide Independent Living Council of Illinois (SILC). Summit sponsors like the Coalition of Citizens with Disabilities, the Illinois Network of Centers for Independent Living and the Illinois Assistive Technology Program make it possible for 30 young people from all over Illinois to attend this leadership program. The Summit covers all meals, transportation, lodging and healthcare costs.

What to Expect

Youth participants at the Summit can expect a variety of activities designed to help you grow as a leader. Workshops, a keynote address, a dance and lots social activities are combined to make the Summit as educational and fun as possible.

Am I eligible to attend the Summit?

If your answer is YES to all of the following questions, you are eligible to apply:

- Are you a young adult between the ages of 17 & 24?
- Do you have a disability?
- Do you live in the state of Illinois?
- Do you have a desire to gain leadership skills?

Why should I apply to attend the Summit?

Here are just a few good reasons to come to this leadership conference:

- Meet successful adults with disabilities who will act as mentors, and understand living with a disabilities
- Make friends with all different types of people with all different types of disabilities
- Learn about how to advocate for yourself and others
- Learn about the laws that protect your civil rights

Questions?

Call Tara Dunning at (217) 744-7777 (V/TTY)

How do I apply to attend the Summit?

1. Complete the attached application form.
2. Answer the four essay questions.
3. Collect two letters of recommendation.
4. Mail your completed application with the letters of recommendation and essay to:

**Statewide Independent Living Council of Illinois
510 East Monroe Street - 3rd Floor, Springfield, Illinois 62701**

**Illinois Youth with Disabilities Leadership Summit
University of Illinois at Urbana-Champaign
July 25 - 28, 2010**

**APPLICATION
Application must be postmarked by May 21, 2010**

- √ 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**

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
3. Parent/Guardian Name: _____
4. Home Telephone: () E-Mail: _____
- Alternate Telephone: () Whose phone is this? _____
5. Date of Birth: _____ Age: _____ Female Male
6. Race/Ethnic Group:
 African American Asian American Caucasian
 Hispanic/Latino Native American Other: _____

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

Disability (medical diagnosis):

8. 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
- HARD OF HEARING
- I use sign language
- I use real time captioning
- I use lip reading

- BLIND
- I prefer information on CD
- I read with braille
- I read with large print
- VISUAL DISABILITY

- MENTAL HEALTH DISABILITY
- NEURO/MUSCULAR DISABILITY
- LEARNING DISABILITY
- DEVELOPMENTAL DISABILITY
- Describe: _____

- ORTHOPEDIC DISABILITY
- I cannot walk long distances
- I use a cane / walker
- I use a wheelchair

- I use a Personal Care Attendant
- Multiple Disabilities
- Autism
- Traumatic Brain Injury
- Down Syndrome
- Other: _____

9. 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).

There is an expectation that you will take the advocacy skills you have learned at the Summit and participate with a local, regional or state advocacy group in order to impact public policy regarding individuals with disabilities.

10. 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.

A) Name of Activity: _____

Supervisor: _____

Dates you were involved: _____

Grade Level: _____

B) Name of Activity: _____

Supervisor: _____

Dates you were involved: _____

Grade Level: _____

C) Name of Activity: _____

Supervisor: _____

Dates you were involved: _____

Grade Level: _____:

