



## Youth Leadership Academy Scholarship Application

*Please ensure you are completing the application in Acrobat Reader or Acrobat DC.*

*Do not fill out this application in your browser window.*

### I. Student Information:

Birthdate: \_\_\_\_\_ Male  Female

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number (with area code): \_\_\_\_\_

Cell phone (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

How would like us to communicate with you? email  mail  phone  [cell or home]

### II. Parent/Guardian Information

Parent/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (if different from Home address above): \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

Home Telephone Number (with area code): \_\_\_\_\_

Cell phone (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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How would like us to communicate with you?

email  mail  phone  [cell or home]

### III. School and Community Involvement:

Name of High School: \_\_\_\_\_

Telephone Number (with area code): \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

High School Counselor or Transition Specialist Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Principal's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade level on December 16, 2019: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Please list the school classes in which you are currently enrolled:

Briefly list your involvement with your school and community. This may include **any offices you held, club memberships, after school activities, volunteer activities** or **work experiences**. List the type of activity and year of involvement.

Type of Activity	Year Involved

Briefly describe some of your interests and hobbies that you pursue in your free time.

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## IV. Letters of Recommendation:

At least two letters of recommendation, which describe why you (student) would benefit from this personal, leadership and career development program are required. One letter **must** be from a high school representative (*teacher, principal, counselor, coach*) and one **must** be from a community representative (*representative of a civic or social activity, employer, neighbor, religious leader or representative*) outside your school (not a relative). The representatives may mail or e-mail the letter to:

Youth Leadership Academy  
Virginia Board for People with Disabilities  
1100 Bank St, 7th Floor  
Richmond, VA 23219  
[training@vbpd.virginia.gov](mailto:training@vbpd.virginia.gov)

**Important: Letters of recommendation must be received by the Virginia Board for People with Disabilities by 5:00 p.m. on March 27, 2020.**

## V. Ethnicity/Disability Information:

Race/Ethnic Background: White  Black  Hispanic  Asian  Other

Do you have a Developmental Disability?  Yes  No

What is your disability (developmental or other disability)?

How does your disability affect your life?

## Tell Us About You. Additional pages may be added if necessary:

Tell us why you want to participate in this personal, leadership and career development program.

How did you hear about the YLA program (name of the teacher, friend, program, and/or website)?

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## Required Signatures

The student's **parent/legal guardian** gives permission for the student applicant, if selected, to participate as a Delegate to the 2020 Virginia Youth Leadership Academy.

The student's **parent/legal guardian** gives permission for the Virginia Board for People with Disabilities (VBPD) to share the answers to the questions on this application with YLA staff, YLA applicant interview panels, and the YLA selection committee.

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*Signature of Student's Parent or Legal Guardian*

*Date*

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*Print Name*

The student applicant is interested in being a delegate to the Youth Leadership Academy and, if selected, is committed to completing the program.

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*Signature of Student*

*Date*

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*Print Name*

**Completion of Application:** Did you (**student applicant**) complete this application on your own?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, I had help completing this application (it was filled out and/or submitted with my input).

***Submitting false information in an application will disqualify the student from participating in the program.***