



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.

COVID-19 Notice: Due to the coronavirus pandemic, this year's Youth Leadership Academy will be held entirely virtually from Monday, July 12 - Thursday, July 15, 2021. We are hopeful a successful vaccine will be distributed widely enough, however, in order to ensure the safety of all participants and staff, this year's program will be delivered completely online. We encourage all applicants to be aware of this change and be prepared to be flexible. The Board will keep all applicants informed regarding any other program changes.

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, 2021: _____ 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

Important: Applications and Letters of Recommendation must be received by the Virginia Board for People with Disabilities by 5:00 p.m. on Friday, April 2, 2021.

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.

Signature of Student's Parent or Legal Guardian

Date

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.

Signature of Student

Date

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.

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