



## BECOME A VOICE THAT CREATES CHANGE

Do you want to learn about being a leader? If so, the Youth Leadership Academy (YLA) is for you!

YLA is a way to connect with peers with disabilities and learn leadership skills. Spend 10 hours at YLA this summer and gain skills for a lifetime.

All interactive sessions will be held virtually and are FREE to all students.

## BUILD LEADERSHIP SKILLS

- Goal Setting
- Self-Determination
- Civic Engagement
- Networking
- Mentoring

## ATTEND WITH PEERS LIKE YOU

YLA is for students with disabilities ages 14–21. This session will consist of 8–12 students from Iowa communities. Additional sessions may be added, depending on interest.

## MEET THE TRAINERS

[Click here](#) to get to know the trainers.

## SCHEDULE

### Informational Session

Want to learn more about YLA before applying? Attend this session.

**Date:** Wednesday, May 24

**Time:** 5:30–6:00 PM

[Click here](#) to register.

### YLA Training

**Date:** Monday, July 17–Friday, July 21

**Time:** 10:00 AM–12:00 PM

[Click here](#) to apply online.

### Graduation Ceremony

**Date:** Friday, July 28

## QUESTIONS?

**Contact:** Carlyn Crowe

**Phone:** (515) 201-8151

**Email:** [ccrowe@dhs.state.ia.us](mailto:ccrowe@dhs.state.ia.us)



## APPLICATION

### ABOUT YOU

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

School Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Grade as of 01/23: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Will you need special accommodations or supports to participate? (Computer, internet, etc.)

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Why are you interested in attending YLA? \_\_\_\_\_

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**ABOUT YOU** (Continued)

What do you hope to learn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your volunteer work, advocacy, or involvement in school or other community activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

1. Applications are due by June 16, 2023.
2. Program staff will review applications and interview candidates from June 19-23. Final selections will be made on July 1.
3. Once participants are selected, a parent orientation will be scheduled, (likely mid-July).
4. E-mail completed applications to [ccrowe@dhs.state.ia.us](mailto:ccrowe@dhs.state.ia.us).

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## PARENT/GUARDIAN FORM

Please have a parent or guardian fill out this form.

Parent/Guardian Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No

I give permission to take photographs and/or recordings of the applicant during YLA sessions. I grant full rights to use the images for marketing or other purposes.

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## LETTER OF RECOMMENDATION

The below-named student is applying to participate in Youth Leadership Academy. This week-long program provides the development of leadership skills.

This letter of recommendation may come from teachers, coaches, mentors, employers, school administrators, or others who can speak to the student's candidacy for the academy.

Applicant Name: \_\_\_\_\_

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Name of Person Referring Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Why is the applicant a good candidate for the Youth Leadership Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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