

### You have a voice and we want to hear it!

The Nebraska Youth Leadership Council (NYLC) wants you! We are looking for young leaders who want to make a difference in Nebraska. This is your chance to strengthen your leadership skills and speak up for the issues that affect you! The NYLC is a program of the Nebraska Department of Education cosponsored by the Offices of Nebraska VR and Special Education.

### **Mission Statement**

"NYLC was created "by youth for youth". We are leaders and self-advocates who experience a disability. We travel the state promoting disability awareness and educating our peers on transitioning to college or work."

# Directions: Please send completed youth application, 1 referral letter, and a resume (or paragraph about yourself) to:

Nebraska Youth Leadership Council Attn: Tresa Christensen Nebraska VR 315 W. 60<sup>th</sup> St, Suite 400 Kearney, NE 68845

OR email your application to: <u>tresa.christensen@nebraska.gov</u> OR Fax: (308) 865-5348

Applicants must:

- Be between the ages of 14 and 24 years old;
- Have a disability;
- Have leadership skills OR want to learn these skills;
- Be able to represent youth with disabilities and speak out on their behalf;
- Be able to attend 4-5 council meetings per year in your area.

Travel and hotel accommodations will be provided when necessary.



## **Student Application**

The Nebraska Youth Leadership Council is the first statewide leadership council for young people with disabilities. The Council is a chance for young people to advocate for themselves and other students with disabilities. NYLC is supported by the Nebraska Department of Education.

If you are interested in being a part of the Council, please complete this form and send it to the address on the front page. You may have help filling out the form if needed.

Name:			
Date of Birth: (To verify age eligibility)			
Address:			
		Zip Code:	
Phone:	Email:		
Who recommended you to apply to the YLC?			
What is your disability?			

Describe how your disability affects you:

What is your race/ethnicit	y (check all that apply): (Optic	onal)
🗌 African American	🗌 Latino/Latina	White/Caucasian
□ Asian	Native American	Alaska Native/Pacific Islander
□ Other:		
Additional Information:		
1. Please attach a copy	of your resume OR a brief per	rsonal biography describing your
leadership experience	e or why you would like to ga	in this experience.
member of your fam		must come from a person who is not a er from a teacher, professional support ers, etc
I hereby certify that the in	formation I have given is true o	and correct to the best of my knowledge
Signature	I	Date
Please provide contact inf	ormation for person filling out	this form, if different from applicant:
Name		
Phone		

Email \_\_\_\_\_



# **Referral Application**

#### For the person making the referral, please complete about yourself:

Name:
Relationship to youth being referred:
Phone:
Email:
Address:
Best time to contact you:
Regarding the youth, please review the following information with the youth.
What is the youth's disability?

Below or on a separate paper, briefly describe why you believe this youth to be a good candidate for the Nebraska Youth Leadership Council.