



## 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 Vocational Rehabilitation and Special Education.

## Nothing about youth, without youth

Directions: Please send completed youth application, 2 referral letters, and a resume to:

Nebraska Youth Leadership Council  
Attn: Elizabeth Paesl  
Nebraska VR  
3100 23<sup>rd</sup> Street, Ste 5  
Columbus, NE 68601

OR email your application to: [elizabeth.paesl@nebraska.gov](mailto:elizabeth.paesl@nebraska.gov)  
OR Fax: (402) 564-7995

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.

[nylc.nebraska.gov](http://nylc.nebraska.gov)

**Questions? Contact Elizabeth Paesl at 402-670-1437 or [elizabeth.paesl@nebraska.gov](mailto:elizabeth.paesl@nebraska.gov)**



## 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: \_\_\_\_\_

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

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

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

Who recommended you to apply to the YLC? \_\_\_\_\_

The following question is optional for you to complete. It will be kept private and is helpful in selecting diverse council members.

What is your age? \_\_\_\_\_ What is your disability? \_\_\_\_\_

Describe how your disability affects you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions? Contact Elizabeth Paesl at 402-670-1437 or [elizabeth.paesl@nebraska.gov](mailto:elizabeth.paesl@nebraska.gov)**

What is your race/ethnicity (check all that apply):

- 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 personal biography describing your leadership experience or why you would like to gain this experience.
2. Include two letters of recommendation. These must come from people who are not members of your family. Consider requesting letters from teachers, professional support staff, youth group leaders, employers, church leaders, etc.
3. To give each applicant the opportunity to demonstrate his or her eligibility for the Youth Leadership Council, please answer TWO of the following questions. You may include your answers on a separate sheet of paper.
  - Why do you believe that you would be a good candidate for the Youth Council? What are your strengths?
  - Describe a positive experience you have had as a person with a disability. How has this experience affected your life?
  - YLC focuses on issues related to transition in the areas of education and employment. Describe your interest(s) in one or both of these areas and what skills would you would bring to the Council.

*I hereby certify that the information I have given is true and correct to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please provide contact information for person filling out this form, if different from applicant:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Questions? Contact Elizabeth Paesl at 402-670-1437 or [elizabeth.paesl@nebraska.gov](mailto:elizabeth.paesl@nebraska.gov)**



## 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 you are referring, the following information is optional for you to complete. It will be kept confidential (private) and is helpful in selecting diverse council members. 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.