

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."

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

Nebraska Youth Leadership Council

Attn: Tresa Christensen

Nebraska VR

315 W. 60th St, Suite 400 Kearney, NE 68845

OR email your application to: tresa.christensen@nebraska.gov

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: Em	ail:
Who recommended you to apply to the YLC	?
What is your disability?	

What is your race/ethnici	ty (check all that apply): (Optio	onal)
☐ African American	☐ Latino/Latina	☐ White/Caucasian
☐ Asian	☐ Native American	☐ Alaska Native/Pacific Islander
☐ Other:		
Additional Information:		
Please attach a copy	of your resume OR a brief per	sonal biography describing your
	ce or why you would like to gai	
		must come from a person who is not a er from a teacher, professional support
member of your fan	aders, employers, church lead	
member of your fan staff, youth group le	aders, employers, church lead	
member of your fan staff, youth group le I hereby certify that the in	aders, employers, church lead	ers, etc
member of your fan staff, youth group le I hereby certify that the in Signature	formation I have given is true o	ers, etc and correct to the best of my knowledge.
member of your fam staff, youth group le I hereby certify that the in Signature Please provide contact inf	formation I have given is true o	ers, etc and correct to the best of my knowledge. Date



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.