



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 application, 1 referral letter, and a resume or brief bio to:

Nebraska Youth Leadership Council
Attn: Michael Hruska
Nebraska VR
203 E Stolley Park Rd, Ste B
Grand Island NE 68801

OR email your application to: michael.hruska@nebraska.gov
OR Fax: (308) 385-6104

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: _____

City: _____ 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/ethnicity (check all that apply): (Optional)

- 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 one letter of recommendation. This letter must come from a person who is not a member of your family. Consider requesting a letter from a teacher, professional support staff, youth group leaders, employers, church leaders, etc

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 _____



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.