



Youth Leadership Academy Application Instructions

Before starting, please read all instructions, questions, eligibility details, and submission requirements on this form. If you have any questions or need accommodations, contact the Virginia Board for People with Disabilities at training@vbpd.virginia.gov.

Applicants must complete all sections of the application form and submit it to the VBPD by the deadline. To be considered for the YLA 2025 class, applications must be received no later than **5:00 p.m. on Friday, March 28, 2025.**

Submission through our [online form](#) is preferred. Applications will also be accepted by email, fax, or mail. Information on how to complete and submit the application is included in the instructions on the last page.

APPLICATIONS SHOULD BE RECEIVED NO LATER THAN
FRIDAY, MARCH 28, 2025 BY 5:00 P.M.
TO BE CONSIDERED FOR THE YLA 2025 CLASS.

Virginia Board for People with Disabilities
Ratcliffe Building
1602 Rolling Hills Drive, Suite 100
Richmond, VA 23229
800-846-4464 (TTY Voice)
www.VBPD.virginia.gov





Youth Leadership Academy Scholarship Application

*Please ensure you are completing the application in Acrobat Reader or Acrobat DC.
Do not fill out this application in your browser window.*

I. Student Information:

Birthdate: _____

Gender: Male Female Non-binary I prefer to describe myself: I don't want to answer

Student's Last Name: _____ First: _____ Middle Initial: _____

Home Address: _____

City: _____ State: VA Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number (with area code): _____

Cell phone (with area code): _____

Email Address: _____

How would like us to communicate with you? email mail phone [cell or home]

II. Parent/Guardian Information

Parent/Guardian Last Name: _____ First: _____ Middle Initial: _____

Address (if different from Home address above): _____

City: _____ State: VA Zip Code: _____

Home Telephone Number (with area code): _____

Cell phone (with area code): _____

Email Address: _____

How would you like us to communicate with you? email mail phone [cell or home]

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III. School and Community Involvement:

Name of High School: _____

Telephone Number (with area code): _____

School Mailing Address: _____

City: _____ State: VA Zip Code: _____

High School Counselor or Transition Specialist Name: _____

Email Address: _____

High School Principal's Name: _____

Email Address: _____

Grade level on **December 19, 2024**: _____ Anticipated Graduation Date: _____

Please list the school classes in which you are currently enrolled:

Briefly list your involvement with your school and community. This may include **any offices you held, club memberships, after school activities, volunteer activities** or **work experiences**. List the type of activity and year of involvement.

Type of Activity	Year Involved

Briefly describe some of your interests and hobbies that you pursue in your free time.

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IV. Letters of Recommendation:

You must provide at least two references who will complete the [Recommendation Form](#):

- One reference must be a high school representative (teacher, principal, counselor, or coach).
- One reference must be a community representative (e.g., employer, neighbor, civic leader, or religious leader) who is not a relative.

Share the form link with your references. They can either complete it online or download and email it to: training@vbpd.virginia.gov

Important: All recommendations must be submitted to the Virginia Board for People with Disabilities by **5:00 p.m. on Friday, March 28, 2025.**

V. Ethnicity/Disability Information:

Race/Ethnic Background: White Black Hispanic Asian Other

Do you have a Developmental Disability? Yes No

What is your disability (developmental or other disability)?

How does your disability affect your life?

Tell Us About You. Additional pages may be added if necessary:

Tell us why you want to participate in this personal, leadership and career development program.

How did you hear about the YLA program (name of the teacher, friend, program, and/or website)?

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Required Signatures

The student's **parent/legal guardian** gives permission for the student applicant, if selected, to participate as a Delegate to the **2025** Virginia Youth Leadership Academy.

The student's **parent/legal guardian** gives permission for the Virginia Board for People with Disabilities (VBPD) to share the answers to the questions on this application with YLA staff, YLA applicant interview panel, and the YLA selection committee.

Signature of Student's Parent or Legal Guardian

Print Name

The student applicant is interested in being a **D**esignate to the Youth Leadership Academy and, if selected, is committed to completing the program.

Signature of Student

Print Name

Completion of Application: Did you (**student applicant**) complete this application on your own?

_____ Yes

_____ No, I had help completing this application (it was filled out and/or submitted with my input).

Submitting false information in an application will disqualify the student from participating in the program.

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Application Checklist and Submission Instructions

Did You Remember To Do These Things?

- Complete ALL sections of this application. Applications with incomplete sections will NOT be considered.
- Ask your two references to complete Recommendation Forms (Forms must be received by the application deadline).
- Include any additional pages.

To Complete and Submit Application by Email

- Download the application form.
- Answer each of the questions on the application form by filling in the blanks provided and/or checking the appropriate circles. If you need to stop and start again later, remember to save the file before closing it so that you do not lose the answers to the questions that you have already completed.
- When you have finished completing the application form, save it. Prior to returning the application by email, be sure to include your electronic signature with your assurance that you are the applicant and that you have voluntarily supplied the requested information. For the purpose of the application submission, the insertion of your name on the signature line qualifies as an electronic signature.
- Attach the saved file containing the completed form to a new email message and send it to: training@vbpd.virginia.gov.

To Complete and Submit by Fax

- **Option A:** Download the application form as indicated above for email submission. Save and complete that form on your computer. Print the completed form.
- **Option B:** Download the application form and complete the printed copy by hand. You may attach pages with numbered responses, if necessary.
- Sign the application form signature page.
- Fax all pages of the completed form to 804-786-1118.

To Complete and Submit by Mail

- Complete application form using either Option A or B above.
- Sign the application form signature page.
- Mail or deliver all pages of the completed application, including the signed copy of the signature page, to the address listed below:

**Youth Leadership Academy
Virginia Board for People with Disabilities
Ratcliffe Building
1602 Rolling Hills Drive, Suite 100
Richmond, VA 23229**

Youth Leadership Academy Scholarship Application

Accommodations

If you need an accommodation to complete this form, email training@vbpd.virginia.gov or call 804-786-0016. Unless accommodations are requested, only online, emailed, faxed, and mailed applications will be accepted. We strongly encourage submission via our online form.

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EMAIL

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We invite you to duplicate and share this application!