



Junior Partners in Policymaking Student Application

Application for 2019 Summer Program: June 16 through 21, 2019

APPLICATION DEADLINE: MARCH 1, 2019

Please fill this application out carefully. You may have someone help you complete this application.

How to complete this document electronically: Complete the application. Once your application is completed, save it, then press submit and it will be received by the Delaware Disabilities Council. Make sure the document is saved to your computer in case you need to reference it at a later time.

How to complete this document manually: Print this application from your computer. Write in your answers to each question on the application, sign where necessary and make a copy for your records.

Please contact Kristin Harvey at (302) 739-3623 or Kristin.harvey@state.de.us if you have any questions.

Manually completed applications may be submitted via email, fax or mail by March 1, 2019 to:

Delaware Developmental Disabilities Council

Attention: Kristin Harvey

Margaret M. O'Neill Building, Suite 2

410 Federal Street, 2nd Floor, Dover, Delaware 19901

Phone: (302) 739-3623 | Fax: (302) 739-2015 | Email: kristin.harvey@state.de.us

Name: _____ Gender: Male Female

Date of Birth: _____

Street Address: _____

City/State: _____ Zip Code: _____

Telephone: _____

E-Mail: _____

***Definition of a Developmental Disability**

The term "developmental disability" means a severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental disability or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

**Source: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402).*

1. Are you a person with a developmental disability*? (See definition above)

Yes No

2. If you do have a developmental disability, please complete questions a-d below.

a. Describe your disability and how it affects your ability to function in at least (3) of the areas of major life activity: *(See part "d" of the definition above)*

b. What services/accommodations are you currently receiving?

c. Describe your educational setting.

d. With whom do you reside?

e. If you do not have a developmental disability, please select one or more of the reasons below as to why you are interested in applying to this program.

- I am looking for a summer program that will help me better understand the perspective of individuals with disabilities for personal reasons or for future employment (in education/ social services/psychology/government/law)
- I am looking for a summer program that will demonstrate my broad range of interests and extra-curricular experiences for college applications or post-secondary employment
- Other reason(s). Please explain:

f. Are you a sibling or friend of a student with a developmental disability*? (See definition on page 2)

Yes No

f. What are you hoping Junior Partners in Policymaking Program will teach you?

g. Is there a specific issue or area of concern that encouraged you to apply for this program?

h. Will you make a commitment to attend the six day, five-night program at Delaware State University in Dover June 16 to 21, 2019? Yes No

i. Are you willing to do homework assigned? Yes No

j. Are there any accommodations you need to participate in this program? Yes No

If yes, please indicate the accommodation(s) that you need:

- Attendant **[YOU ARE RESPONSIBLE FOR MAKING ATTENDANT ARRANGEMENTS]**
- Interpreter
- Alternative Formats for Learning Materials (e.g. large print, braille) (Please describe below)
- Physical Accessibility (Please describe below)
- Other (Please describe)

k. Please read this definition of ADVOCACY and complete questions A – C.

Advocacy is acting in a purposeful way to help you, another person, and/or a group of people get better treatment in a society. People advocate for many reasons. They can advocate for themselves and their own personal growth at the local, national, and international level to help make the lives of all people better. Advocacy can come in many forms. It may mean talking with legislators to change laws or making speeches to your community about an issue important to you. Junior Partners in Policymaking is about learning how to become an advocate in our society.

a. If you are a member of an advocacy, school or sports club organization, please list them and indicate any office held. *It is important to note that membership is not a requirement for participation in the Junior Partners program.*

b. Have you had any types of experiences in advocating for yourself or other people with disabilities, and if so, describe them?

c. What are your goals for the future based on what you will learn in the program?

l. Please list two references:

1. Name

Phone:

Address:

2. Name

Phone:

Address:

m. How did you first find out about the Junior Partners in Policymaking Program?

n. Are you your own legal guardian? Yes No

o. Did someone help you complete this application? Yes No

p. **If yes**, please provide a name and phone number or email address.

Name:

Phone:

Email:

q. Please read this statement below and complete the verification information:

I verify that I have read and completed this application to the best of my ability.

By signing this Electronic Signature Acknowledgment Form, I agree that my **electronic signature is the legally binding equivalent to my handwritten signature**. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I understand that by typing my name below and/or affixing my signature below constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document and understand the acknowledgement above.

Applicant Signature

Date:

Signature of Parent/Legal Guardian (if necessary):

Date:

Printed Name of Parent/ Legal Guardian:

Address:

Home Phone:

Cell Phone:

E-mail Address:





**Delaware Junior Partners in Policymaking was created by the Delaware Developmental Disabilities Council
<https://ddc.delaware.gov/>**

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