

Junior Partners in Policymaking® Student Application

**Application Deadline: February 14, 2013
(Application for 2013 Summer Program: June 16 - 21, 2013)**

Thank you for applying to Junior Partners! Please fill this application out carefully. You may have someone help you complete this application, if you would like.

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.

How to complete this document on your computer: Save a copy of this application to your computer. Open the document using Adobe Reader and complete the application. Once your application is completed, save the document with your responses to your computer. Then print all pages, sign where necessary and make a copy for your records.

Once your application is completed and signed, it can be sent via mail, fax or email to:

**The Center for Disabilities Studies
Attn: Jr Partners
461 Wyoming Road, Newark, DE 19716
Phone: 302-831-6974
Fax: 302-831-4690
jrpartners@udel.edu**

**For more information, call Grace Wesley at the Center for Disabilities Studies
at (302) 722-7066 or via email at jrpartners@udel.edu**

Name: _____ Gender: Male Female

Street Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Daytime Number: _____

E-Mail Address: _____ Date of Birth: _____

1. Are you a person with a developmental disability*? See definition at end of application (pg.5)

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, found at the end of this application](#))

- b. What services/accommodations are you currently receiving?

- c. Describe your educational setting

- d. With whom do you reside?

3. 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:

4. Are you a sibling or friend of a student with a developmental disability*? ([See definition on bottom of the application](#))

- Yes No

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

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

7. Will you make a commitment to attend the six day, five night training at the University of Delaware campus June 16–June 21, 2013? Yes No

8. Are you willing to do homework assignments? Yes No

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

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

- a. Attendant
- b. Interpreter
- c. Alternative Formats for Learning Materials (Please describe)
- d. Physical Accessibility (Please describe)
- e. Other (Please describe)

10. Please read this definition of **ADVOCACY and complete questions A – D.**

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 and they can advocate 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 harmful 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. Please list any membership in advocacy, school or sports clubs organizations, and indicate any office held. It is important to note that membership is not a requirement for participation in the Partners program.

- b. What types of experience have you had in advocating for yourself or other people with disabilities?

c. Please tell us a little about your life experience, education and special interests:

d. Describe how you would use the advocacy skills and information taught in the summer program after the program finishes.

11. Please list two references:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

12. How did you first find out about the Junior Partners Program?



13. Are you your own legal guardian? Yes No

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

If yes, who? _____

15. 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 knowledge.

- **Applicant Signature:** _____  **Date:** _____
- **Signature of Legal Guardian (if necessary):** _____  **Date:** _____
- **Printed Name of Parent/Guardian/Custodian:** _____
- **Address:** _____
- **Home Phone:** _____
- **Work Phone:** _____
- **E-mail Address:** _____

***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).

Delaware Junior Partners in Policymaking® was created by the Delaware Developmental Disabilities Council (<http://ddc.delaware.gov/>).

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