



## YOUTH LEADER APPLICATION FORM

This Summit is for excited youth leaders who are ready to activate and create change.  
Are you ready to lead Generation Unified?

**Special Olympics Social Impact Summit**  
**23 July – 27 July, 2015**

**\*APPLICATIONS MUST BE RECEIVED BY 15 MARCH 2015**

To apply, please **DOWNLOAD**, **SAVE** this application, and **EMAIL** it to [summit@specialolympics.org](mailto:summit@specialolympics.org)

Applicants may apply as individuals, or as inclusive pairs (of one person with an intellectual disability and one person without an intellectual disability). If you are applying as a pair, you will only need to submit ONE application.

I am applying as an individual

I am applying as an inclusive pair

NOTE: If selected to attend, participants may need to travel with an adult. Details and criteria will follow upon selection.

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### ELIGIBILITY

Be sure to review the eligibility criteria before applying.

- You must be between the ages of 16 and 25.
- You must be enrolled in school at some level (secondary, post-secondary, university, graduate, etc.), or in a community program; or employed.
- You must be fluent in the English language (speaking, reading, writing).
- You agree to complete necessary registration forms and to provide additional references or undergo background screening as requested by the organizers.

Do you meet every eligibility requirement? If yes, please enter your full name in the box below to verify:

Person 2 (if applying as a pair)

This application must be fully complete in order to be considered. **All fields must be filled in**—if there is something that is “not applicable”, please put “N/A”. We will not accept an incomplete application.

*Information provided in this application will not be shared or used for any purpose other than selection for the Special Olympics Social Impact Summit.*

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## SECTION I: YOUR PERSONAL INFORMATION

### Person 1

Check one:

- ☐ I am a Special Olympics Athlete
- ☐ I am a Special Olympics Partner
- ☐ I am a member of a partner organization
- ☐ I am an individual with no organizational affiliation

Name of partner organization (if applicable):

Do you have an intellectual disability?\*

- ☐ Yes
- ☐ No
- ☐ I choose not to answer

### Person 2 (complete if applying as a pair)

Check one:

- ☐ I am a Special Olympics Athlete
- ☐ I am a Special Olympics Partner
- ☐ I am a member of a partner organization
- ☐ I am an individual with no organization affiliation

Name of partner organization (if applicable):

Do you have an intellectual disability?\*

- ☐ Yes
- ☐ No
- ☐ I choose not to answer

*\* Completion of this information is voluntary and is not a requirement. This information will in no way affect the decision regarding your applications. This information will be kept confidential.*

Given (First) Name

Given (First) Name

Family (Last) Name

Nickname (or preferred name)

Gender

Male

Female

Age

Date of Birth (MM/DD/YYYY)

**Person 1 (continued)**

Home Address

City

State or Nation

Postal Code

Preferred Phone

Alternate Phone

Email Address

Are you currently enrolled in school?

Yes

No

Family (Last) Name

Nickname (or preferred name)

Gender

Male

Female

Age

Date of Birth (MM/DD/YYYY)

**Person 2 (continued)**

Home Address

City

State or Nation

Postal Code

Preferred Phone

Alternate Phone

Email Address

Are you currently enrolled in school?

Yes

No

Are you currently involved in a community program?

Yes (please describe below)

No

Are you currently involved in a community program?

Yes (please describe below)

No

(i.e. YMCA, Lions Club International, community transition program, etc.)

If yes, please describe

If yes, please describe

Are you currently employed?

Yes

No

Are you currently employed?

Yes

No

**Person 1 (continued)**

**Please provide the following information for your school, program, or work place.**

School/Program/Work Name

Address

City

State or Nation

Postal Code

Phone

**Person 2 (continued)**

School/Program/Work Name

Address

City

State or Nation

Postal Code

Phone

## SECTION II: GETTING TO KNOW YOUR SKILLS

**Person 1**

**Person 2**

What leadership positions have you held? Please describe in detail (400 characters maximum).

Have you ever managed and completed any projects? (something with a set end date, budget, and completion requirements)? If so, describe (400 characters maximum).

Have you ever been involved with Special Olympics? If yes, please describe in detail (400 characters maximum).

Do you have any experience with public speaking? If yes, describe (400 characters maximum).

## Person 1 (continued)

What is your speaking ability in English?

Fair

Good

Excellent

What is your native language?

What other language or languages do you speak?  
(Type "NA" for one language only.)

Do you have consistent (at least weekly) access to the Internet, either at school, home, or through a library?

Yes

No

Do use social media?

Facebook

Twitter

Instagram

YouTube

Other

Please provide your social media account information.  
(Type "NA" if you don't have an account.)

Facebook Name

Twitter Handle

Instagram Username

Skype Name

LinkedIn Address

## Person 2 (continued)

What is your speaking ability in English?

Fair

Good

Excellent

What is your native language?

What other language or languages do you speak?  
(Type "NA" for one language only.)

Do you have consistent (at least weekly) access to the Internet, either at school, home, or through a library?

Yes

No

Do use social media?

Facebook

Twitter

Instagram

YouTube

Other

Facebook Name

Twitter Handle

Instagram Username

Skype Name

LinkedIn Address

## SECTION III: PROJECT PROPOSAL

This is the most important part of the application. Every participant will be selected based on the quality of his/her project proposal. If you are applying as an inclusive pair, you will only need to submit ONE project proposal.

Every participant/pair selected to attend the Summit will have the opportunity to receive funding of \$1,000 up to \$5,000 USD in funds to support their project.

Below are the criteria for every project:

- May be conducted by individuals or inclusive pairs.
- Must be completed within 12 months after the Summit (before 1 August 2016).
- Must generate “acts of inclusion” to engage people with and without intellectual disabilities.
- Must meaningfully engage Special Olympics athletes, and other people with intellectual disabilities in the community throughout the design and implementation of the project.
- Must be specific and measurable—following a defined course of action to reach objectives.
- Must provide progress reports on the updates for projects.
- Must identify a support network (including their mentors at the Summit, as well as local leadership in their own communities) to help youth conduct their impact projects.

### **Project Summary**

Please describe the main idea of your project. (600 characters maximum)

### **The Problem**

What is the problem in your community that you will be addressing with this project? (600 characters maximum)

### **The Idea**

What is your idea for addressing this problem? Be sure to include how this will generate acts of inclusion and how this will engage people with intellectual disabilities. (600 characters maximum)



### **The Inputs**

What will you need to make this project successful? This can include many different things, such as time, people, money, or objects. (600 characters maximum)

*Example: A computer; Internet access; 20 volunteers; 20 hours of my time*

### **The Outputs**

What do you hope will happen as a result of your project? These are specific and measurable. (600 characters maximum)

*Example: Number of "likes" or retweets on social media; number of people participating in the event*

### **The Big Goal**

What are one or two big goals that you hope this project will achieve? All of your outputs should be working toward achieving this big goal. (600 characters maximum)

*Example: Improve awareness about people with intellectual disabilities in my school*

### **The Evaluation**

How will you measure your outputs? This can include surveys, interviews, or other methods. (600 characters maximum)

*Example: Total the number of likes on each post on the project's Facebook page*

**Challenges**

What are some of the challenges that you think you will face during this project? How will you address these challenges? (600 characters maximum)

**Support Network**

Who will support you during this project? (600 characters maximum)

**Share your story**

How will you share your project with other youth leaders, Special Olympics, and your community? (600 characters maximum)

## Project Timeline

Projects typically have five (5) phases:

- 1) Idea & Design: You have already started this process by submitting this proposal. Congratulations!
- 2) Planning: During the Summit, we will help you start the planning process.
- 3) Implementation: After the Summit, you will begin implementing your project.
- 4) Monitoring & Evaluation: This step will measure project progress and performance.
- 5) Close & Follow-up: Your project will end. Follow-up to make sure your impact lives on!

Please fill out the calendar with the timeline for each phase of your project. The project must be completed before 1 August 2016, but does NOT have to span 12 months to complete.

August 2015	September 2015	October 2015
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November 2015	December 2015	January 2016
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February 2016	March 2016	April 2016
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May 2016	June 2016	July 2016
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## Project Budget

Please provide estimated costs for your project budget. Funds average from \$1,000 - \$2,000 USD. A few select projects may receive up to \$5,000 USD.

Item Categories (e.g. transportation, supplies, technological support, equipment, etc.) Please describe in detail.	Cost (in your local currency)
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Item 1	Cost
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Item 2	Cost
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Item 3	Cost
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Item 4	Cost
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Item 5	Cost
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<b>Total</b>
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[Currency Exchange Chart](#): Use this to look up the exchange rate between your local currency and U.S. Dollars

Exchange Rate

Total Amount in U.S. Dollars

You may not receive the exact amount of funding that your proposal budget outlines. If selected, we will evaluate and determine the project funds awarded based on each application.

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## SECTION IV: VIDEO

Please upload a video telling us why you want to come to the Summit! This is your chance to tell us your story, and share your personality. You are welcome to include responses to any of the following questions, or add anything else you would like to tell us.

- Introduce yourself
- Why does Generation Unified matter to you?
- How will this experience shape your life, and how will you impact your world?
- In 10 years, what will a Unified world look like?

Videos must be UNDER 2 MINUTES for individuals, and UNDER 3 MINUTES for pairs.  
For applicants applying as inclusive pairs, it is preferred that you submit ONE video together.

Please upload videos to YouTube or Vimeo, and copy the link here:

Information "How to Upload"

- YouTube <https://support.google.com/youtube/answer/57407?hl=en>
  - Vimeo <http://vimeo.com/help/faq/uploading-to-vimeo>
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**APPLICATION DUE: 15 MARCH 2015**

Please **DOWNLOAD, SAVE**, then **EMAIL** this application.

**SUBMIT APPLICATION TO: [summit@specialolympics.org](mailto:summit@specialolympics.org)**

Thank you so much for your application. We look forward to reviewing your submission!

For any questions, please email [summit@specialolympics.org](mailto:summit@specialolympics.org)