

2026 Leadership Academy Application -THE LEAGUE

* Indicates required question

1. Email *

Personal Information

2. First Name *

First Name

3. Last Name *

Last Name

4. Phone - Include Area Code *

Phone - Include Area Code

5. Alternate Phone - Include Area Code *

Alternate Phone - Include Area Code

6. Emergency Contact *

Name (Relationship)

7. Emergency Contact Phone Number (Include Area Code) *

Emergency Contact Phone Number (Include Area Code)

8. Preferred Email Address *

Preferred Email Address

9. Alternate Email Address *

Alternate Email Address

10. Birthday *

MM/DD/YYYY

Example: January 7, 2019

11. Current Street Address *

12. City *

13. State *

14. Zip *

15. Country *

More About You

16. PLEASE SELECT THE CATEGORY THAT BEST DESCRIBES YOUR *
EXPERIENCE WITH DISABILITY

Mark only one oval.

- I am a person with a disability.
- I am a family member to a person with a disability.
- I work for a disability services organization
- I am interested in supporting and advancing disability rights.

17. PLEASE SELECT YOUR TOP 3 INTERESTS FROM THE CATEGORIES *
BELOW.

Check all that apply.

- Transportation
- Employment
- Healthcare
- Housing
- Education
- Leadership Skills
- Public Speaking
- Civic Engagement

18. ARE YOU HISPANIC OR LATINO *

Mark only one oval.

- Yes
- No

19. HOW DO YOU IDENTIFY? *

Mark only one oval.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

20. WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? *

Mark only one oval.

- High School/GED
- Some College
- College Graduate (Bachelor's Degree)
- Master's Degree
- I did not graduate from High School

21. NAME OF HIGH SCHOOL

22. NAME OF COLLEGE

23. ARE YOU CURRENTLY EMPLOYED?

Mark only one oval.

- Yes
- No

24. IF YES, LIST PLACE OF EMPLOYMENT.

25. DISABILITY TYPE

Check all that apply.

- Physical
- Intellectual / Cognitive
- Invisible Disability
- Sensory (Vision/Hearing)
- Other

26. IF "OTHER" IS SELECTED, PLEASE DESCRIBE *

27. ACCOMMODATION REQUESTS *

SUPPLEMENTAL DOCUMENTATION REQUIRED

28. LETTER OF INTENT

Accepted file types: doc, docx, pdf, jpg. Max File Size 100MB, if emailed.

Tell us about yourself. Why do you want to join the Leadership Academy? What is your experience with disability advocacy? What do you hope to gain from this experience?

29. LETTER OF RECOMMENDATION

Accepted file types: doc, docx, pdf, jpg. Max File Size 100MB, if emailed.

If employed, your letter of recommendation must come from your employer. If unemployed, your letter of recommendation may come from an Agency or Community Leader.

EXPECTATIONS AND REQUIREMENTS

Personal Reference #1

30. First Name *

31. Last Name *

32. Phone *

33. Email *

34. Relationship to Applicant *

Mark only one oval.

Employer

Co-Worker

Personal

Other

35. If Other: *

Personal Reference #2

36. First Name *

37. Last Name *

38. Phone *

39. Email *

40. Relationship to Applicant *

Mark only one oval.

Employer

Co-Worker

Personal

Other

41. If Other: *
