



211 E Franklin St. # C, Appleton, WI 54911 info@wisconsibs.org www.wisconsibs.org 920-968-1742

Interested in applying for a **2017 WisconSibs Teen Sib Leadership Award? FANTASTIC!!** Because we are looking for teen (13-17 years) siblings of individuals with disabilities who see themselves in leadership roles throughout their lives and have an interest in using their talents helping others through WisconSibs, Inc.

**Apply for this award.** If selected, you will be invited to participate in the 2017 Teen Sib Leadership Day on Tuesday, June 20 at City Park from 10 am - 3 pm. Those who have attended in the past agree that it is not only valuable and worthwhile...*but also lots of fun.*

So if you are a teen that's eager for a challenge and have a heart for serving others, do it.

**Apply.** Note the deadline to apply is May 1. Space is limited.

Harriet Redman  
Executive Director  
WisconSibs, Inc

# Application for Teen Sib Leadership Award

For teens ages 13-17 who have siblings with disabilities



**If you are interested in being considered for a WisconSibs Teen Sib Leadership Award, here's what you do:**

- Complete the Teen Sib application below and submit no later than May 1. Two adult references are required. References may be from a teacher, minister, employer, relative, or adult friend.
- Be sure both you and your parent/guardian sign the form.
- Mail to: WisconSibs Teen Sib Leadership, 211 E Franklin St, Appleton, WI 54911 or email to [info@wisconsibs.org](mailto:info@wisconsibs.org).

**If you are selected as an award winner**, you will be notified between May 16-June 1. The Teen Sib Leadership Day takes place Tuesday, June 20 from 10 am – 3 pm at City Park, 500 E Franklin St., Appleton.

Note: Attending the Teen Sib Leadership Day is not required, but highly recommended to all award winners, past and present. Invitations to the Teen Sib Leadership Day will be mailed between May 16 and June 1. Space is limited and enrollment will be closed when spaces are filled.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ (one you check at least weekly)

School: \_\_\_\_\_ Graduation year \_\_\_\_\_

Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_ County of residence \_\_\_\_\_

Do you have a valid driver's license?  YES  NO Driver's license #: \_\_\_\_\_

Name of sibling with disability \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis or description of condition (cerebral palsy, non-verbal, cognitive delay, etc)

Are you currently involved in volunteer activities at school, church, community? Please describe::

List tasks or jobs you volunteer to do within your family or home:

Hobbies/interests:

