



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

We are looking for teen (13-17 years) siblings of individuals with disabilities who see themselves in leadership roles and have an interest in using their talents helping others through WisconSibs, Inc.

If that sounds like you, then apply for a **2018 WisconSibs Teen Sib Leadership Award**.

Apply for this award. If selected, you will be invited to participate in the 2018 Teen Sib Leadership Day on Tuesday, June 21 – date and exact time to be announced. 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.

If you are selected as an award winner, you will be notified by May 15. The Teen Sib Leadership Day takes place Tuesday, June 21.

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 by May 15. Space is limited and enrollment will be closed when spaces are filled.

Name: _____ Date of Birth: _____

Street address: _____ Tshirt size _____

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:

List 4-5 words that you believe other people would use to describe you?

