



## LEADERSHIP OPPORTUNITIES FOR TEENS (LOFT)—2016

### Program Information

#### OVERVIEW

LOFT is for high school students who are deaf and hard of hearing and use listening and spoken language as their primary mode of communication. This four-day sleep-away program is designed for participants to develop or strengthen skills in individual leadership, teamwork, group dynamics, public speaking, and self-advocacy. The program provides a supportive and structured environment in which participants increase self confidence and understanding of their own strengths and abilities through activities designed to challenge them. LOFT builds connections, respect and camaraderie among teens who share a common bond. This is a great opportunity for high school and college-bound teens interested in an enlightening and confidence-building experience away from home with their peers.

Activities and sessions build on each other over the course of LOFT, integrating the overall outcomes, including:

- A heightened sense of self-acceptance, self-worth and self-confidence
- A deeper understanding of the capacity for leadership skills that each teen has within him/herself
- An experiential understanding of team dynamics, individual skill sets and collaboration for common purpose
- Increased confidence and ability for self-advocacy in social, travel and educational settings

Communication Access Realtime Translation (CART) is provided during classroom sessions. LOFT counselors are AG Bell members who are adults living with hearing loss.

LOFT is for high school students who are deaf and hard of hearing and use listening and spoken language as their primary communication. Interpreters and transliterators are not provided for students who use other communication methods. CART and a dynamic sound field are provided for full-group classroom-style sessions and a limited number of FM loops are available. Many LOFT activities involve teamwork, individual interaction and small group discussions, or take place outdoors or offsite. During these activities and free time, neither CART nor FM systems are available, and participants will need to communicate using listening and spoken language. While students whose use of auditory information is minimal may find benefit from LOFT, those-applicants should recognize that some elements of the program may present communication challenges.

## LOFT 2016 Program Information

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#### CRITERIA

In order to be eligible for this program, applicants must meet all of the following criteria:

- The teen must have a pre-lingual bilateral hearing loss in the mild to profound range or a pre-lingual unilateral hearing loss in the moderate to profound range.

<u>Degree of Hearing</u>	<u>Hearing Loss range</u>
Moderate	41 to 55 dB
Moderately severe	56 to 70 dB
Severe	71 to 90 dB
Profound	91+ dB

- Listening and Spoken Language must be the teen's primary mode of communication.
- The teen must currently be in high school.

#### LOCATION & DATES

Two sessions of LOFT are being planned; each session can accommodate 20 teens. Holding both sessions is dependent upon the number of applications and funding.

Session 1: June 26-30, 2016 in Denver, Colorado (at the Sheraton Downtown Denver)

Session 2: July 5-9, 2016 in Denver, Colorado (at the Sheraton Downtown Denver)

#### FEES

The Program Fee is \$875 per registrant. This covers lodging, all meals, snacks, activity fees, and ground transportation from arrival to departure. A credit card is required to cover any incidental expenses the teen may incur at the hotel.

For families who may need financial assistance, a scholarship application is available on the LOFT program web page.

#### APPLICATION DEADLINE

Applications must be received by AG Bell by March 18, 2016. We are strict about the deadline.

You can submit your application in one of two ways:

1. Scan the complete application into one PDF document and email to: Judy Klein at [LOFT@agbell.org](mailto:LOFT@agbell.org) (this is the preferred form for application submission).
2. Or, you may mail the application to:  
LOFT 2016  
3417 Volta Place NW  
Washington, DC 20007

*Applications must be received by AG Bell no later than March 18, 2016.*

## **LOFT 2016 Program Information**

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#### *PLEASE NOTE*

Due to the popularity of this program, more applications are often received than can be accommodated in a given year; submission of an application is not a guarantee for program participation. Applicants will be notified via email on April 1, 2016 whether or not they have been selected for LOFT 2016. Applicants who are not selected for this year's program are strongly encouraged to apply in future years.

#### **QUESTIONS**

Please email any questions you have about the program or the application to:

[LOFT@agbell.org](mailto:LOFT@agbell.org)

*Applications must be received by AG Bell no later than March 18, 2016.*

# Alexander Graham Bell Association for the Deaf and Hard of Hearing 2016 Leadership Opportunities for Teens (LOFT)

Two sessions: June 26-30, 2016 and July 5-9, 2016 in Denver, Colorado  
(Sheraton Downtown Denver)

## Terms and Conditions

*Applicants will be notified via email on April 1, 2016 whether or not they have been selected for LOFT 2016. Once accepted into the LOFT program, the following terms and conditions apply.*

### **Session Assignment**

Two sessions of LOFT are being planned. Holding both sessions is dependent on funding and receiving enough applications. Participants will be accepted for a specific session in accordance with the information provided on the application. Once accepted into one session, participants may not transfer to the other session.

### **Information and Forms**

Following acceptance into the LOFT program, parents and teens will receive an e-packet of information and forms to complete and return. These forms must be completed and returned by May 13, 2016.

### **LOFT Registration Fee – What it Covers and When it's Due**

The LOFT Registration Fee (\$875) covers meals, snacks, activity fees and ground transportation during the program as well as lodging in a double room for the four nights of the LOFT program. Each teen will share a room with another participant of the same gender; roommates are assigned by AG Bell.

*\*Please note: LOFT is a sleep-away program; all participants are required to stay at the hotel for the program.*

Payment of \$875 is due to AG Bell by May 13, 2016. Payment by credit card or check is acceptable. If paying by check, credit card information is also required to cover any incidental expenses the teen may charge to the room.

### **Cancellation/Refunds**

Refunds for the LOFT program, less a \$50 administrative fee, will be made only if cancellation is received in writing by May 18, 2016. No refunds will be issued for cancellations received after this date; this includes refunds due to illness, late arrival, weather conditions and/or other travel difficulties.

## LOFT 2016 Terms & Conditions

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#### Air or Ground Transportation

Parents must arrange for and cover the cost of airfare to Denver International Airport for their teen in coordination with the LOFT program arrival/departure schedule\*. **Please note: Denver International (DIA) is the only airport at which we will be able to meet the teens and provide transportation to the hotel.**

For those within driving distance, parents may choose to drop off/pick up their teen at the hotel in coordination with the drop off/pick up schedule\*.

*\*The LOFT arrival/departure and drop off/pick up schedule will be provided to LOFT participants on April 1, 2016. Denver, Colorado is located in the mountain time zone.*

#### Communication Devices

Parents must equip their teen with a communication device with texting capabilities for communication with LOFT staff during pickup and drop off at the airport and in the event of an emergency.

The use of mobile phones and/or texting devices is not allowed during program activities (generally 7:30 a.m. to 5:30 p.m. local time). Teens are asked to limit the use of their mobile phones during lunch, dinner and free time. This is not to restrict communication with parents, rather to encourage the teens to interact personally with the other teens at the program. It is not acceptable for teens to play games on their phone or text friends back home during meals or free time.

#### Program Updates

We will do our best to send four emails (one each day) to parents with updates about the group. These will be general in nature and not specific to any teen.

#### Supervision

Participants are met at baggage claim at the airport or at the hotel. They are supervised during waking hours until they leave the program. Upon departure at the airport, they are with a LOFT staff member until they go through the security gate. A LOFT staff member remains at the airport until the last teen's plane has departed.

Curfews are in place during sleeping hours (generally 11 p.m. to 7:00 a.m.). Participants are not permitted to leave their room during curfew, except in the case of emergency such as a fire alarm\* or medical emergency. For a while after curfew, there will be periodic room checks by LOFT counselors. *\*One smoke detector/alarm clock with bed shaker is provided per room.*

Participants may not be in a room other than their own during curfew. Boys and girls are not allowed in the same sleeping room at any time without the supervision of a LOFT counselor.

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## **LOFT 2016 Terms & Conditions**

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Participants will not be allowed to leave the hotel or activity areas at any time without permission of a LOFT counselor. In the event that a participant needs to leave the activity premises, he or she will be accompanied by a LOFT counselor.

### **Parental Involvement**

Parents are encouraged to communicate via phone or text with their teen outside of session/activity hours.

Parents may choose to accompany their teen to Denver, Colorado and vacation in the area.

Observation of the LOFT program or direct parental involvement on site (personal interaction with your teen, other LOFT teens or the hotel staff on behalf of your teen) is not permitted. In the event of a medical emergency, parents will be contacted immediately.

### **Dismissible Offenses**

Possession and/or consumption of alcohol or illegal drugs by LOFT participants is strictly forbidden and will result in immediate dismissal from the program.

Possession and/or use of dangerous or unauthorized materials such as explosives, firearms, weapons or similar items by LOFT participants is strictly forbidden and will result in immediate dismissal from the program.

Blatant and persistent disrespect for counselors and/or other teens in the program will result in dismissal from the program.

Any expenses, travel or otherwise, associated with an early dismissal from the program will be the responsibility of the parent.

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**LEADERSHIP OPPORTUNITIES FOR TEENS (LOFT)—2016**  
**Program Application**

**APPLICANT INFORMATION** *(Please type or print clearly in English)*

Applicant/Teen Name (first, middle initial and last): \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female

Adult t-shirt size (chose one): XS  S  M  L  XL  XXL

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Email Address\*: \_\_\_\_\_

*\*Email is the primary form of communication for LOFT and is essential for communication, sharing time sensitive information, and program preparation.*

Primary Parent/Legal Guardian Name (first and last): \_\_\_\_\_

Relationship to teen:  Father  Mother  Legal Guardian

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address\*: \_\_\_\_\_

*\*Email is the primary form of communication for LOFT and is essential for communication, sharing time sensitive information, and program preparation.*

Current High School Grade:  Freshman  Sophomore  Junior  Senior

Name of School: \_\_\_\_\_

Located in (city and state): \_\_\_\_\_

In what year will you graduate from high school? \_\_\_\_\_

Two sessions of LOFT are being planned\*; each session can accommodate 20 teens. Please indicate which session your schedule will allow you to attend; if you could attend either session, please mark both. *When a participant is accepted into the program, he or she will be assigned to a specific session based on information provided in the application. Once assigned to a particular session, participants may not transfer to the other session.*

Session 1: June 26-30, 2016

Session 2: July 5-9, 2016

*\*Holding both sessions is dependent upon the number of applications and funding.*

Are you or your parents currently members of AG Bell?  Yes  No

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For those who have never been a member of AG Bell, we are offering a **free** six-month parent membership. Please let us know if you would like to accept this offer:

- Yes, we accept the free six-month parent membership
- No, thank you

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Tell us about your hearing loss.

At what age was your hearing loss diagnosed? \_\_\_\_\_

My hearing loss is:       Bilateral  
    Unilateral – in the       Left ear       Right ear

Type of hearing loss:       Sensorineural       Conductive       Mixed

***Be sure to also include an unaided audiogram performed within the past two years.***

Indicate the amplification device(s) you utilize:

Hearing Aid(s):       Left ear       Right ear

BAHA (s):       Left ear       Right ear

Cochlear Implant(s):       Left ear       Right ear

If applicable, age at which you received your first cochlear implant: \_\_\_\_\_

What method(s) of communication do you use at home and in school? *Check all that apply.*

- Spoken Language
- Sign Language System (ASL, Signed English, Finger Spelling, etc.)
- Cued Speech
- Other – please indicate: \_\_\_\_\_

Which assistive modalities do you use at school? *Check all that apply.*

- Note Taker
- Communication Access Realtime Translation (CART)
- Cued Speech Transliterator
- Oral Interpreter
- Sign Language Interpreter
- Auditory Listening Devices, such as an FM System
- Other – please indicate: \_\_\_\_\_

In the space below, tell us about one of the most challenging situations for you involving your deafness, and how/what did you do to advocate for yourself in that situation.

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Many LOFT participants have little or no experience with other individuals who are deaf or hard of hearing; if you have, please tell us briefly about your experiences. If none, please leave blank.

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Please list up to five activities (athletic, music, extra-curricular, volunteer, etc.) in which you are active.

1. 

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2. 

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3. 

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4. 

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5. 

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In the space below, please describe your ideal weekend.

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List up to three types of technology you would like to learn more about.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the top three (3) specific leadership skills you believe you have:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List three (3) specific leadership skills you would most like to develop and/or improve:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Tell us why you would like to participate in LOFT.

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Tell us something unique about you that you've not already shared elsewhere in this application.

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If there's anything else you'd like the selection committee to know about you, please include it here.

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## **APPLICANT ESSAY**

Select one of the topics below for your essay. Your essay should be typed on one single-sided page. Margins and font style/size are not dictated, as long as the essay is easily read without magnification.

- If you could be a character from a book or movie, who or what would you be and why?
- Discuss an activity in which you participate more frequently than others (or for which you have a tremendous passion) such as music, art, drama, sports, science, etc. and tell us why you are involved and how it has contributed to your growth and development as a person.
- If you could have one superpower, what would it be and why? How would it change your life and the lives of those around you?
- Describe the biggest risk you have ever taken, the outcome, and what you learned about yourself in the process.

## **PARENT ESSAY OR LETTER OF RECOMMENDATION**

You may include an essay from your parent(s)/legal guardian(s) **OR** you may include a letter of recommendation from a non-family member; you do not need to provide both. The essay or letter can be up to two pages in length and should include the following information:

- From your perspective, what are the two biggest goals of this teen?
- Tell us about three leadership skills this teen best demonstrates and how he or she uses these skills on a daily basis or in challenging situations.
- Describe one of this teen's accomplishments of which you are most proud.
- Briefly describe this teen's engagement/interaction with peers.
- Tell us what you feel this teen can learn from a leadership program.
- If you know (or had to guess!) a career path this teen would choose or that you would encourage, what would it be and why? Use examples that demonstrate this teen's abilities to move in that direction.

## **AGREEMENT**

This is to certify that I am the parent/legal guardian of \_\_\_\_\_. I support my teen's application for the AG Bell LOFT program, two separate sessions planned for June 26-30, 2016 and July 5-9, 2016 in Denver, Colorado (Sheraton Denver Downtown).

I understand that if my teen is selected to participate in one of the LOFT program sessions, I am responsible for the LOFT registration fee as well as the cost of transportation to and from the program. By signing my name below, I indicate that I have read, understand and accept the

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Terms and Conditions provided and the Agreement as stated above and affirm that all the information provided in this application is correct and complete to the best of my knowledge.

Parent or Legal Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Be sure to include the following with your application:**

- **unaided audiogram**
- **your essay**
- **parent essay or letter of recommendation**

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