

**West Side  
Community House**

**Sisterhood School Year 2017-2018 Application**

Thank you for your interest in the 2017-2018 Sisterhood school year program at West Side Community House. Sisterhood is an afterschool program for girls ages 10-18. Our mission is to prepare girls for womanhood and their lives beyond. Please carefully read through the application and fill it out completely and legibly. **Application deadline:** Ongoing or until space is filled. Only 30 girls will be selected into the program. **Please return your completed application to:**  
West Side Community House  
Attn: Ali McClain, Youth Services Director  
9300 Lorain Avenue  
Cleveland, OH 44102  
Phone: (216) 771-7297 x315      Email: amclain@wschouse.org  
Fax: (216) 771-0620

**NOTE: All applications must be signed by the applicant's parent or guardian.**

**Program Dates: September 13, 2017 – May 18, 2018**

**Mandatory Program Orientation: Wednesday, September 13th @ 6:00 p.m.**

**Program Days & Times: Tuesdays – Thursdays from 3 p.m. to 6:30 p.m.**

**AND Fridays from 3 p.m. to 6 p.m.**

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Apt.) (City/State/Zip)

**Phone Number:** \_\_\_\_\_  
(Phone #1) (Phone # 2)

**Email:** \_\_\_\_\_

**School you attend:**  
\_\_\_\_\_

**Your current grade level:** \_\_\_\_\_

**How did you hear about Sisterhood?** \_\_\_\_\_

**Do you have any health conditions we should know about? (If yes, please explain):**

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**Ethnicity:** \_\_\_\_\_ **Religion (optional):** \_\_\_\_\_

**Language Proficiency:**

**Is English your first language (Yes or No)?** \_\_\_\_\_

**What is your primary language?** \_\_\_\_\_

**Which languages, other than English, do you speak fluently?**

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**Why are you interested in joining Sisterhood?**

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**What are some of your hobbies and interests?**

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**What goals do you want to achieve this school year?**

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**Are you involved in any other activities at school/church/community?**

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**What will be your means of transportation to the program?**

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**Are you interested in applying for the 2018 Summer of Sisterhood program?**

\_\_\_\_\_ Yes, definitely!

\_\_\_\_\_ Maybe/Unsure

\_\_\_\_\_ No

**Why should we select you into the Sisterhood program at this time?**

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**Please provide the name and phone number of a reference that we may contact regarding your application. You may ONLY list a teacher, coach, principal or community leader:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Applicant's Parent/Guardian Name and Signature:**

\_\_\_\_\_

Print Name

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Signature:

**For Girls Ages 16 and up ONLY**

**What makes you a good leader?**

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**Do you have any experience working with girls younger than you? Tell us about the experience.**

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**What does the word *mentor* mean to you?**

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