

**West Side
Community House**

Sisterhood School Year 2018-2019 Application

Thank you for your interest in the 2018-2019 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: amccain@wschouse.org
Fax: (216) 771-0620

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

Program Dates: September 19, 2018 – May 17, 2019

Mandatory Program Orientation: Tuesday, September 18, 2018 @ 6:30 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 for the 2018-2019 School Year: _____

Your current grade level: _____

How did you hear about Sisterhood? _____

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

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?

Why are you interested in joining Sisterhood?

What are some of your hobbies and interests?

What goals do you want to achieve this school year?

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

What will be your means of transportation to the program?

Are you interested in applying for the 2019 Summer of Sisterhood program?

_____ Yes, definitely!

_____ Maybe/Unsure

_____ No

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

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

Signature:

For Girls Ages 16 and up ONLY

What makes you a good leader?

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

What does the word *mentor* mean to you?
